

Barnardo's

Barnardo's The Triangle

Inspection report

2 Coxwell Road
Upper Norwood
London
SE19 3BG

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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

About the service

Barnardo's The Triangle, also known as Sutton Short Breaks Service, provides personal care and support to children and young people living in their family homes. The service provides respite care enabling families to take short breaks from their care responsibilities. At the time of the inspection 38 children and young people were using the service.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Relatives and commissioners gave us positive feedback about the service. One relative said, "I can give nothing but glowing reports of all the care and support I have received from Barnardo's."

There were systems to protect children and young people from abuse and foreseeable harm, including the safe management of medicines and infection control. Risks were assessed and managed in a person-centred way and in such a way as to restrict people's freedom as little as possible. The provider dealt with incidents appropriately.

People's needs were assessed and their care and support delivered in line with best practice guidance so people experienced good outcomes. Staff received training and support that enabled them to care for people effectively. The service worked well with other providers to ensure people's needs were met, including healthcare and nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were friendly, caring and respectful of their needs in relation to equality and diversity. Staff were supportive and knew how to help people manage their emotions. People received support that enabled them to express their views using a variety of communication methods. This helped them to make meaningful choices about their care. Staff respected people's dignity and, wherever possible, promoted independence.

Staff were responsive to people's needs. People had care plans with a good level of detail about their needs, preferences, likes and dislikes. This enabled staff to provide care that was person-centred and helped people achieve their goals. The provider had considered how they could support people who were approaching the end of their lives, although this was not something the service provided at the time of our inspection. People received support to access their local community and engage in activities that were meaningful to them. The provider ran support groups that helped young people develop their social skills and facilitated the transition to adulthood.

The service had an empowering and person-centred culture. The provider valued people and celebrated their achievements. The provider sought feedback from people and their families, listened and responded appropriately to their suggestions, concerns and complaints. Staff were familiar with their roles and there were clear lines of accountability. The provider regularly completed checks of the quality of the service. This included managers of the provider's other services checking each other's services to provide an extra level of oversight. The provider worked well with other agencies.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Barnardo's The Triangle

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 people 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 we needed to be sure that the service manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we requested feedback from the service from commissioners and healthcare professionals who worked with the service. We looked at information we held about the service, including previous inspection reports. 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.

During the inspection

We spoke with the registered manager, the service manager and two members of office based staff. We looked at care records for six people who used the service and checked two staff files. We also looked at

other records relevant to the management of the service, such as policies and staff training records.

After the inspection

We spoke with three relatives of people who used the service and two members of staff.

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

- People were protected from abuse and ill-treatment. There had been no safeguarding incidents involving the service since our last inspection and this was confirmed by commissioners. Staff were aware of the service's policy for reporting any concerns, including out of hours.
- The provider took steps to protect people from known abusers. This included making sure staff were aware of any individuals who were not permitted to make contact with people for safeguarding related reasons.

Assessing risk, safety monitoring and management

- Each person had personalised risk management plans, which took into account factors such as people's home environment and behaviour. This meant staff had comprehensive information about how to care for each person safely without overly restricting their freedom. Risk management plans for specific activities such as trips out and road safety were included to enable staff to support people safely while doing activities of their choice.
- The provider made sure staff carried out moving and handling of people in a safe way. This included on-the-job competency assessments by a qualified moving and handling trainer.
- For people who experienced seizures, staff monitored these and recorded any information about warning signs, triggers, use of medicines and other information that helped them support people with seizure related disorders safely.

Staffing and recruitment

- The provider continued to use safe recruitment processes to ensure they carried out the required checks on each new member of staff before they started work. This was to reduce the risk of people receiving care from unsuitable staff.
- Staffing levels were based on people's needs. We saw an example of a person whose care hours had been increased because their needs changed, and others had gone from having one member of staff at each visit to two. This enabled staff to support people safely.
- Senior staff told us they were able to get visits covered for support staff who were off work, but people often chose to miss those visits and wait for their preferred member of staff to return to work. This was because the people who used the service lived with their families who were able to provide the care they needed, so missed visits did not present a risk to their safety.

Using medicines safely

- Medicines were managed safely. In most cases, the service was not directly responsible for administering people's medicines because people lived with their parents. However, staff had access to information about

the medicines people took regularly and when required, in case this was needed in an emergency.

- Where staff did have responsibility for administering medicines, there were clear instructions about how and when to do this. This included medicines to be given only under specific circumstances, for example if a person experienced a seizure or asthma attack. Records showed people received their medicines as prescribed.

Preventing and controlling infection

- The provider identified any infection risks associated with each person and considered this in care planning. For example, staff knew about hygiene risks presented by pets in people's homes and where staff provided personal care as part of the care plan they were instructed to use protective equipment such as disposable gloves and aprons as a barrier to infection.

Learning lessons when things go wrong

- There were systems to ensure incidents were appropriately managed and for the provider to learn from them. The management team reviewed all incident reports and recorded action they were taking in response. There was evidence of the provider learning from incidents and involving people and their families when reviewing how to prevent things from going wrong again.
- Senior staff discussed incidents and concerns with the management teams from the provider's other services. This helped prevent things from going wrong as the different services were able to learn from one another.

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

- When people started to use the service, the provider carried out a comprehensive assessment of their needs. This covered needs related to health, culture and religion, diet, behaviour and sensory needs. The provider used this information to plan care in line with current best practice, that met people's needs and considered their preferences.
- The provider used a tool supplied by the local authority to measure outcomes for people. This helped to demonstrate the service was effective as it showed improvements in areas such as confidence and socialisation for the young people who used the service.

Staff support: induction, training, skills and experience

- Staff received an induction that covered important information, such as policies and procedures, that they needed to do their jobs.
- People received care and support from staff who had the right knowledge and skills to provide effective care. A relative told us staff were "extremely professional and well trained." Staff had a range of training that covered all aspects of the care they provided, including specialist training about people's individual health and care needs.
- Staff had regular one-to-one meetings with their supervisor. They also had a development review every six months to one year. This helped the management team to monitor the development of staff, help them improve their practice and give them the support they needed. Staff told us they found this support was very helpful and helped them keep their knowledge fresh.

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

- People received the support they needed to eat and drink. Staff recorded daily what people ate and drank, so they could monitor this and ensure people received a good variety of nutritious food.
- Staff were familiar with people's eating and drinking needs. This included where people needed food served at a certain consistency to minimise the risk of choking or needed extra fluids because of health conditions.

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

- Staff worked with healthcare providers to help ensure they provided effective care. For example, a local hospital provided medicines training to staff.
- Staff attended professionals' meetings held for people whose needs were particularly complex. They discussed the person's care with social workers, schools and other agencies to ensure the person's care was consistent and met their needs.

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

- Staff closely monitored people's health and wellbeing. This included any issues related to wellbeing for the family in addition to the individual person. Staff reported any concerns to the office via daily session log forms.
- There was information in care plans about how staff should support each person with their oral and dental care, healthcare related equipment and any other day-to-day healthcare needs.

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 over the age of 16 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 over the age of 16 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. We checked whether the service was working within the principles of the MCA for people using the service who were 16 years of age or older.

- Staff who worked with young people approaching the age of 16 received training in the Mental Capacity Act so they would be familiar with its principles by the time the young person they cared for turned 16.
- Where a decision had to be made on behalf of a person over 16 who did not have capacity to consent, this was done in line with the MCA and involved appropriate people to ensure all agreed the decision was in the person's best interests.
- For children under 16, parents signed a consent form to show they agreed to the care their child received.

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

- Relatives told us staff were kind and caring. One said, "[Staff member] is loved by my daughter. She loves having her over." Another relative told us, "Everyone who my daughter has received care from has been incredibly caring. She has formed a strong bond with each of them."
- Staff knew how to meet people's emotional needs and help them feel valued and secure. This included understanding people's fears and anxieties and knowing how to reassure people and support them with distraction techniques when they became upset.
- The provider considered people's needs, preferences and equality and diversity related characteristics when deciding which members of staff worked with each family. The service honoured people's requests for specific members of staff if they found people got on better with those staff.
- Staff received training in equality and diversity to help them understand how to make sure they treated people fairly and considered their needs in relation to protected equality characteristics.

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

- The service had a focus on supporting people to develop the ability to make their own choices. Staff recorded for each session how much input people were able to have into decisions about their care and support. This allowed them to monitor how much choice people had about their support on a daily basis. We saw examples of care plans that were clearly based on people's own choices about their care.
- Staff had a good knowledge of how people communicated their feelings and moods. For example, there was information in care plans about the gestures, facial expressions and other non-verbal cues people used if they were not able to communicate verbally. This knowledge helped staff support people to express their views about their care.
- Some people had additional communication aids that staff used to support them to express their views and choices, such as picture cards.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in ways that promoted their dignity. Staff described with sensitivity and tact how they supported people with continence needs. They were aware of how people indicated the need for support in this area, which helped them avoid leaving people uncomfortable in soiled incontinence pads for any longer than necessary.
- People received care that promoted their independence. Care plans took into account what people were able to do without any help or with only prompting. Staff used this information to support people to do as much as they could for themselves. A member of staff gave us the example of giving a person the correct

amount of money to pay for their own meal or shopping.

- For people who were approaching adulthood or were already young adults, staff actively worked to promote their independence through the service's support groups. They did this by teaching life skills such as cooking, household management and budgeting.

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

- We received positive feedback from relatives and commissioners about the personalised care people received. One person's relative told us, "I find their attention to detail very reassuring."
- Care plans were personalised and took into account people's life history, interests and preferences as well as their care and support needs. This included sensory needs for people who found it difficult to tolerate particular sensations.
- There was enough information in care plans for staff to provide care that was tailored to the way people liked to receive support.
- Where possible, people had the opportunity to sit with staff and plan their care together. In these cases, staff encouraged people to set and work towards achieving goals. For example, one person said they would like to eat more healthily and staff helped them work towards 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.

- Because people who used the service were under the care of their parents, most information about the service was given to parents who were able to support their children to understand it. However, the provider also produced some simplified information for children and young people. An example we saw was a feedback form that used pictures of various facial expressions so young people could indicate how they felt about using the service.
- For people who were more able, staff developed care planning documents with them so they were able to understand their own care plans. Staff used simple language and pictures to aid understanding.

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

- People received support to engage in activities that were meaningful to them. Staff monitored this by recording people's level of engagement and enthusiasm for activities at each session.
- People had opportunities to try new activities and trips. Staff planned these carefully, looking at what might go wrong and what support people were likely to need.
- The provider ran support groups for young people to help them make friends, socialise and try new activities including going out in the local community. This was also meant to help young people with disabilities prepare to move from children's care and support services to adult services.

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure, which staff and families were aware of. Staff told us they were usually able to resolve any concerns people and their families had before they became complaints.
- Relatives told us the office-based staff were always responsive to their concerns. One said, "Any issues I've had in the past, and to be honest they have been very few, have always been dealt with swiftly by [co-ordinator]." We saw an example of where the service had changed the way they did something in response to a complaint.

End of life care and support

- This service did not provide end of life care. However, the service manager told us they would always consider whether they could continue supporting people who became seriously ill and would look at what support staff needed to provide that type of care. They told us about one person whose health deteriorated significantly. Staff visited the person in hospital and kept in contact with their family although the person's needs had become too high for the service to support.
- The provider worked with other services to provide appropriate emotional support for staff who were working with a person who was likely to be approaching the end of their life.

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; 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 provider had a clear vision and values, which they communicated to staff. This helped staff provide consistent care in line with a person-centred and empowering culture.
- The provider demonstrated they valued young people and their achievements. Staff supported one person who won the organisation's Young Person of the Year award to write a speech about their achievements.
- The support the service provided was person-led. This meant people and their families had a say in how the service was run. For example, the service had recently opened a new girls-only support group after people and their families requested this and there was regular consultation with them about what activities were provided.
- Relatives told us leaders were open and approachable and were honest with them when things went wrong.

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

- The provider had clear policies and procedures to ensure staff understood their roles and provided care consistently in line with best practice.
- Lines of accountability were well defined. There was a management team each of whom had responsibility for different parts of the service. Staff knew whom to report to, including out of hours.
- A relative told us the co-ordinator who organised their child's care was "thorough, helpful and extremely well organised."
- The provider understood their regulatory requirements. For example, the registered manager knew about their duty to notify CQC of particular events, although none of these had occurred since our last inspection.

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

- Relatives confirmed the provider asked them for feedback about the service. They said the management team listened and responded to their feedback. We looked at feedback the service had gathered and this was positive. One relative wrote, "We would be lost without [this service]"
- The provider used feedback from families and staff to measure outcomes for people and assess the quality of the service they were receiving. Areas they looked at included people's behaviour and level of

independence and whether these were improving as a result of the service people received.

Continuous learning and improving care

- The registered manager regularly checked to make sure care records were of good quality. This included readability, making sure all the necessary documents were in place and that records were up to date.
- The management team carried out other quality assurance checks. This included competency checks of new staff and checks of medicine records to make sure staff were administering medicines as prescribed.
- The provider had several similar services, which worked together well to learn and improve the care they provided. This included regular cross-branch meetings to discuss practice, and managers checking the quality of one another's services.
- Records were well maintained and secure. The provider used an electronic records system, which helped ensure records were readable, well organised and easy to copy and share when needed.

Working in partnership with others

- Managers told us they had a good relationship with the local authority. A representative from the local authority confirmed the service worked well in partnership with them, including sharing information and identifying how to improve the service by doing things differently.