

Barnardo's

# Barnardo's Indigo Project

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The service is registered to provide personal care for children and young people with disabilities. The service currently supports 17 children and young people of whom four require personal care.

This is a service that provides short breaks and befriending services for children and young people with disabilities within the home and/or the community, providing respite for parents and families from their

caring responsibilities. The level of support provided ranges from daily to weekly individually agreed care packages by Redbridge Council's Children with Disabilities Team.

We last inspected this service in January 2014 when they met the standards we looked at.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Referrals for the service were received via the London Borough of Redbridge Children with disabilities team. The care package was agreed by a panel of professionals. The service's manager then carried out an assessment of the child/young person's needs prior to allocating suitable staff to support them.

Staff had received training in how to keep people safe. They demonstrated a good understanding of what constituted abuse and how to report any concerns.

Systems were in place to manage risks to children/young people and staff. However, sufficient risk assessments were not in place to guide staff how to manage specific health conditions.

There were sufficient numbers of staff employed to make sure children/young people's needs were met. Staff had regular schedules so that the children/young people received care from a consistent staff group.

Children/young people were protected by robust recruitment procedures. Staff received the support and training they needed to give them the necessary skills and knowledge to meet children/young people's assessed needs, preferences and choices and to provide an effective and responsive service. However, we found that staff did not receive consistent support through supervision and have made a recommendation about this.

Staff knew the children/young people's individual needs and how to meet them. Sometimes staff took children and young people out for meals. The matching process ensured that staff were aware of any cultural or dietary needs of the children/ young person's needs and went to appropriate places to dine.

Staff were caring and treated children/young people with dignity and respect. However, we found that staff did not have sufficient understanding of the requirements of the Mental Capacity Act 2005 and its application for young people aged 16 and over who used the service. We have made a recommendation about this. Family members told us that the staff were kind and polite. They told us that the staff were punctual and stayed the duration of their allocated time.

Family members and the children/young people were involved in the assessment and the planning of their care. They were confident that staff provided personalised care and knew their routines well.

The children and young people were provided with meaningful and individualised activities and outings. The outings were developed over time in conjunction with the child/ young person and their family member.

Family members told us that the care plans had been reviewed and any relevant changes were made when required. Staff said the communication between them and the office made sure that they were up to date with children/young people's changing needs.

Family members told us they felt able to raise any concerns but did not have any. They said the registered manager was very approachable.

We did not find robust quality assurance arrangements in place to seek staff, stakeholders, people and their family member's views about the service in order to receive feedback to make continuous improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 was not always safe. Sufficient risk assessments were not in place to guide staff about how to manage specific health conditions.

Systems were in place to support children/young people to receive their medicines appropriately and safely.

The provider's recruitment process ensured that staff were suitable to work with children/young people who need support.

Safeguarding procedures were in place. Staff were knowledgeable about what actions to take if abuse was suspected.

**Requires improvement**



### Is the service effective?

The service was not always effective. Supervision was not always consistently provided to the staff and we have made a recommendation about this.

Children/young people's decisions were respected by staff. However sufficient systems were not in place to ensure that children/young people's (over 16yrs) human rights were protected and we have made a recommendation about this

Staff were trained to provide effective care to children and people who used the service.

The service were aware of children and young people's religious, dietary and cultural needs and provided support in a way which met these needs.

**Requires improvement**



### Is the service caring?

The service was caring. The family members of children/young people who were supported by this service told us staff were reliable and caring.

The children/young people were treated with kindness and staff respected their privacy and dignity.

Care plans were personalised with children/young people's choices and preferences. Family members and children/young people were involved in making decisions about their care.

**Good**



### Is the service responsive?

The service was responsive to children/young people's needs. Staff were knowledgeable about their needs.

Staff communicated with relevant health and social care professionals to make sure the children/young people received the right care to support any change in their needs.

**Good**



# Summary of findings

There was a complaints procedure in place and people were encouraged to provide feedback and were supported to raise complaints.

## Is the service well-led?

The service was not always well-led. Sufficient systems were not in place to effectively monitor the quality and safety of the service.

The staff team worked in partnership with relevant health and social care practitioners and family members of the children/young people they supported.

The staff felt supported and had a clear understanding of their roles and what their responsibilities were.

**Requires improvement**



# Barnardo's Indigo Project

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 November 2015 and was conducted by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

Before our inspection we looked at all the information we held about the service. This included the 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 any improvements they plan to make. We also reviewed the previous inspection report and notifications that we had received from the service. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked the local authority representative for their views of the service. They did not have any concerns.

During the inspection we spoke with three parents of children and young people who used the service, three support workers and the registered manager. We looked at the care records for three children, and two staff files. We also looked at a range of records relating to how the service was managed. These included training records, documents relating to the provision of the service and policies and procedures.

# Is the service safe?

## Our findings

Family members told us the children and young people were safe with the staff. Comments included “The [person] is safe, without a shadow of a doubt” and “The [person] is definitely safe with them.” However, some aspects of the service were not always safe.

Although there were some risk assessments in place, they did not cover all areas of risk. For example, for oral reflux or when a child/young person may suffer from ‘breathing difficulties’ as a result of their health condition. There was insufficient guidance given to staff about the steps to be taken to manage the risks. It was unclear from the records seen, whether risk assessments were reviewed and up to date. Therefore children and people were not fully protected from the risks of unsafe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although families usually gave medicines to the children/young people, staff occasionally did this when they were on outings. Staff told us that they had undertaken training in the management of medicines and were aware of their responsibilities when supporting or prompting young people with their medicines. They were observed by senior staff when carrying out this task and supervised as part of their induction to ensure they were competent to carry out the task. Therefore, support was planned and delivered in a way that ensured people’s medicines were safely administered.

Staff supporting the children and young people had completed training in safeguarding children and adults. A safeguarding policy was available and staff were required to read it as part of their induction. They were knowledgeable about how to recognise signs of potential abuse and the relevant reporting procedures. They were

aware of their responsibilities to raise concerns about suspected abuse and the records they needed to keep. They were confident that the registered manager would take appropriate action in response to any concerns raised.

Staff were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. They were aware of the whistle-blowing procedure and when to use it.

Staff recruitment records showed that the necessary pre-employment checks were completed before they started working for the agency. For example, a Disclosure and Barring Service (DBS) check was completed and two references were sought. A DBS check allows employers to check whether the applicant has any criminal convictions that may prevent them from working with children and young people who needed support. The service also checked photo identification, gaps in employment history and proof of identity were sought. This meant that people received support from staff who were of good character and there were measures in place to help ensure that only suitable staff were employed at the service.

There were sufficient numbers of staff available to meet the children/young people’s needs. Staffing levels were determined by the number of people using the service and their needs. Staff and family members did not raise any concerns with us about staffing levels or punctuality. The manager told us that two staff would be sent out to children/young people’s home if their care plan and risk assessment identified this need. If staff were unable to attend they informed the family and made alternative arrangements so that the children/young people continued to receive the support they required. Family members told us that a core of regular staff who visited which ensured consistency in the level of support provided. This showed that the provider had enough staff available to deliver consistently, safe care and support for the children/young people who used the service.

# Is the service effective?

## Our findings

A family member told us, “The staff are very very good. I couldn’t wish for better.” Another family member said, “The staff know [the person] really well and understand what they want.”

Staff were able to explain the importance of respecting the children/young people’s choices. A staff member told us how they would use people’s facial expressions and body language to gauge their response. They said that they would take their time and use visual prompts to help assist with making choices. A staff member told us, “I would always encourage them but never force. It is their wish.”

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and found that staff were not responsible for any action under the Act for children under 16 years of age. This was because the Act does not include children. However, staff are expected to take their views, wishes and feelings in to account when providing care and support. The 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 found that the service provided support to children and young people under 18 years of age. Therefore they should have procedures in place to work within the principles of the MCA in order to ensure that children/young people’s human and legal rights are respected. **We recommend that where children/young people did not have the mental capacity to make decisions, the staff should have the knowledge and understanding to ensure that required processes are followed to protect them from unlawful restriction and unlawful decision making.**

We looked at staff files for records of staff supervision (one to one discussions with a senior person) and found that staff did not receive supervision in line with the provider’s policy. These processes are designed to give staff an opportunity to discuss their performance and identify any further training needs. It also gave them an opportunity to discuss any issues or concerns about the children/young people they supported. Some of the supervision sessions

were completed as a group, which was appreciated by the staff we spoke with. Staff told us that they were able to contact the manager for advice and guidance whenever they required this. However, they were unable to confirm that they received regular formal supervision with their manager. Records of individual supervision with staff were not available. This meant that staff did not always have the opportunity to review their practice or behaviours to help drive improvement in the way they provide support to children/young people and their families. **We recommend that regular supervision is provided to staff to review their practice and to develop and motivate them.**

Staff were knowledgeable about children/young people’s individual needs and preferences and how to meet these. Family members told us that staff had the skills and abilities to provide the support they needed. We saw that staff training was delivered using a mixture of on-line and practical classroom based training. It included first aid, infection control, handling behaviour that challenged, equality and diversity, safeguarding children and adults and moving and handling. We saw that some staff had also received specific training meet children/young people’s individual needs such as epilepsy management and autism awareness to enable them to provide the specialist care that children and young/people needed. A staff member told us, “My skills have really improved via the training I have done, so I can effectively support the families and children with different needs.” Therefore the training offered was sufficient for staff to undertake their roles and meet the needs of the children/young people they supported.

We found that newly appointed staff completed an induction programme and shadowed an experienced staff member before they worked alone. Family members confirmed that new staff usually worked with existing staff until they had learned their routines. The staff told us that the training they had received had prepared them well to start work at the service.

Family members were responsible for meeting the health care needs of the children and young person they supported. They told us that staff communicated any concerns to them.

Staff were not responsible for the diets or the nutrition of the children/young people they cared for. However, sometimes they took a children/young person to eat out and had to be aware of their specific dietary needs. The

## Is the service effective?

dietary needs were recorded in the plans of care. Staff were matched to the children/young people they supported according to the needs of the person, ensuring that communication, cultural and religious needs were met. For example, people who were unable to speak English received support from staff who were able to speak and understand their language as well as their traditions and religious observance. The registered manager enquired

about people's interests and hobbies during the assessment, so that staff from similar backgrounds were allocated to them when possible. Any requests for same gender care were also considered and met as far as possible. This meant that the service was able to identify and meet the children/young people's specific cultural and religious needs and preferences.



# Is the service caring?

## Our findings

Family members of the children/young people who used the service told us that the staff treated their child/young person with kindness and had a caring attitude. Comments included, “The staff are kind and compassionate” and “They are absolutely lovely and amicable. We have no problems at all”.

The children/young people were mostly cared for by a team of regular staff, who knew them well and who had particular skills and experience to meet their individual needs, including their gender preferences. A family member told us, “We got to know [staff member] really well, it was great” and “We and [the young person] know staff really well so they get on with each other”. They told us that their child/young person was very happy and liked to go out and spend time with the staff member. The staff we spoke with enjoyed working at the service and knew the children and young people they looked after very well. They were committed to improving the quality of life and activities of the children and young people they looked after. This meant that the children/young people received care from staff they were familiar with and who provided consistency of care.

Family members told us that staff treated them and their child/young person with respect. The staff respected their privacy and the privacy and dignity of the child/young person they supported. They told us that the staff asked them how they wanted the support to be provided and respected their decisions. A staff member told us, “I ensure their privacy by covering them up during personal care routines and shut the doors and use people’s own bathrooms so that their privacy is respected.”

Staff were aware of people’s individual cultural needs and supported them to meet these. The assessment and matching process ensured that the child/young person, family members and staff were happy with the service and what they hoped to achieve.

We saw that people’s records were held on a computerised system at the offices and only authorised staff were able to access personal and sensitive information. Staff had received guidance about how to correctly manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis.

# Is the service responsive?

## Our findings

Family members told us they and their child/ young person were involved in planning and agreeing their own care. A family member told us, “Yes we are all involved. We can say if [the person] doesn’t like something and what to do.” Another told us, “It is all centred around what [the person] wants to do.”

Family members told us that they discussed all their child’s/ young person’s likes and dislikes so that the staff member reflected what they wanted. For example, whether they wanted to receive care from male or female care workers or from staff who spoke different ethnic languages and their likes and dislikes. This was organised to ensure that their preferences were met. One member of staff told us, “[The person] always has female care workers, as this is their preference.” One staff member told us, “I’ve been working with the same person for a number of years and I really know their preferences well.”

Family members told us that the children and young people were supported to take part in activities and interests that met their personal preferences. One member of staff described to us the activities they were involved in, as part of one young person’s care package. They said, “[Name] likes to play games, colours, and likes to go out. We can always tell whether they are enjoying things because of their facial expressions and the way they respond.” Family members of children/young people who used the service told us, “They mostly go out to swim, restaurants and parks.” Another said “They provide this service to give us a break. They are very much flexible and listen to what we want, absolutely lovely.” The staff and

family members also said they always discussed the outings with each other to ensure the children/young person went where they wanted to. Therefore activities planned were suitable for the age and abilities of the children/young person the service supported.

Staff completed records of each visit. These provided a brief overview of the service provided and any observations. Staff described good communication across the team. They told us that they always read care plans and notes of previous visits to check for up to date information. They also said that the registered manager was very good at briefing them about any changes and drawing their attention to revised care plans. This ensured that staff were up to date with any changes in people’s care.

Family members told us that they knew who to speak to if they had any concerns or complaints. They told us they could contact the staff member directly if they needed to change the times and dates. They would contact the registered manager if they had any concerns about the staff and felt confident that they would be listened to. We saw in the information pack given to the family at the start of the service, reference to the name and telephone number of the person to be contacted if anyone wished to make a complaint. However, a family member told us that they had raised a concern “sometime ago” but no one had come back to them with the outcome. Upon further discussion with the management team, we found that the concern had been dealt with according to the organisation's complaints policy and procedure. Staff had a good understanding of how to refer complaints to senior managers for them to address.

# Is the service well-led?

## Our findings

Family members made positive comments about the service they received and the way it was run. Several people referred to the staff as “lovely” and said that staff met their child’s/young person’s needs satisfactorily.

The registered manager told us they used various tools to audit the service. For example, senior staff carried out spot checks to ensure that the staff were providing care to the provider’s standard. Other audits included looking at care records and staff supervision. However, consistent written records of the audits and their outcome were not available.

The service did not have a robust and established quality assurance system in place whereby the children/young people, their family members, staff and stakeholders were given an opportunity to express their views about the service. We did not see how the service was able to identify concerns and make any improvements to increase the service’s effectiveness. The manager told us that they carried out spot checks (observational audits of how staff provided care to people in their homes) to ensure that the staff were providing care to the provider’s standard and when necessary had taken action in order to improve the quality of the care provided by specific staff. However, records of these checks and any action taken were not available.

We did not find sufficient systems in place to show how the registered manager monitored the quality of the service provided to ensure that the children/young people and the family members received the care and support they needed and wanted. For example, via direct and indirect observation and discussions with children/young people who used the service and staff. Formal systems such as regular audits, quality assurance questionnaires and checks of care records were not available. We did not see systems in place to show that the children/young people and their families were listened to and their views were taken into account in the development of the service. Therefore, children/young people were not provided with a service that was robustly monitored by the manager to ensure that it was safe and met their needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they felt well supported by their manager both informally and more formally through staff meetings. They told us they were always able to contact the registered manager or a senior member of staff. They felt confident about raising issues of concern with the registered manager. One staff member said, “I can come and see him or phone him any time I have a problem. He is always available.” Another staff member told us, “The management team are very supportive. We can approach them at any time and know that they will guide us.”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with the management of some health needs for children/young people. It was not clear from the documentation seen what steps were taken by staff to reduce risks associated with specific health conditions.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of consistent quality assurance system fully involving children/young people, their families, staff and stakeholders to help drive continuous improvement.</p>