

Oxfordshire County Council

Oxfordshire Children - Young People & Families

Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Oxfordshire Children- Young People & Families provides a home care service to children under the age of 18 years old. The children and young people had a range of needs including learning and physical disabilities and health conditions. At the time of the inspection 36 children and young people were receiving personal care support from the service.

People's experience of using this service:

The service met the characteristics of Good in four areas and Outstanding in Caring, making it overall a rating of Good; more information is in the full report.

Children and young people continued receiving a safe and exceptionally caring service from Oxfordshire Children- Young People & Families.

We received positive feedback from parents and professionals on how staff had developed caring relationships with children and young people. Parents said their child or young person looked forward to seeing staff, which we saw evidence of during the inspection. One parent told us, "They're [staff] absolutely brilliant." Staff supported the same children and young people in order to provide regular consistent care and support. We heard of many examples of where staff went over and above what was expected of them to ensure children and young people were safe, comfortable and enjoyed the time they spent with staff.

The registered manager was excellent in managing the service and was proactive in recruiting staff of a high calibre who could support children and young people appropriately. Where there had been some challenges in offering the fully allocated amount of support to children and young people, parents were made aware of this issue and steps were being taken to recruit new staff.

The registered manager ensured lessons were learnt where appropriate to improve the service further. The provider had effective quality assurance systems in place which were used to drive improvement.

Children and young people's needs were assessed and their needs recorded in very detailed support plans. These guided staff on how best to support the child or young person. Children and young people continued to be supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team and received training relevant to the children and young people they visited.

Children and young people knew how to complain and complaints were dealt with in line with the provider's complaints policy.

Rating at last inspection:

At the last inspection the service was rated Good (report published 26 August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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 continued to be safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service continued to be 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 continued to be responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service continued to be well-led

Details are in our Well-Led findings below.

Good ●

Oxfordshire Children - Young People & Families

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 adult social care inspector, a children's services inspector and an assistant inspector.

Service and service type:

Oxfordshire Children- Young People & Families provides a home care service to children under the age of 18 years old. Children had a range of needs including learning and physical disabilities and health conditions.

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 three days' notice of the inspection site visit because we needed to be sure staff would be available to assist with the inspection.

Inspection site visit activity started on 4 February 2019 and ended on 6 February 2019. We visited the office

location on 4 February 2019 to see the registered manager and office staff; and to review care records and other documents relating to the running of the service.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We requested and reviewed a Provider Information Return (PIR) prior to this inspection. 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.

During the office site visit we looked at records, which included seven children/young people's support plans and the medicines records for four children/young people. We checked recruitment for three staff and seven staff training and supervision records. We looked at a range of records about how the service was managed. We spoke with the registered manager, two patch managers and five support workers. We telephoned seven parents to obtain their views on the service and visited two families and met two children in their own homes.

After our site visit we received feedback, via email, from one parent and four health and social care professionals.

Following on from the visit the registered manager also sent us additional evidence.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Parents confirmed they felt their child was completely safe whilst in the care of the staff. One parent told us, "No problems, they [staff] are very caring."
- The children and young people benefitted from being safe whilst using the service as staff were knowledgeable about local safeguarding children procedures. They could identify, and respond to situations across all safeguarding thresholds where families had additional needs or where children were potentially at risk of abuse.
- Staff completed a range of safeguarding training, for example, awareness of child abuse and neglect and safeguarding children from abuse/sexual exploitation. Having the regular detailed training and safeguarding discussions in team meetings, children and young people's safety and welfare were at the centre of the work the service carried out.

Assessing risk, safety monitoring and management

- Risk assessments were comprehensive and followed a structured approach to calculating the likelihood and consequences of risky situations. The assessments gave rise to plans that provided staff with clear guidance on actions to take to keep the children/young people they were supporting safe from harm.
- Risks related to the individual child/young person included areas such as health and safety, moving and handling and epilepsy so that staff were fully informed of any possible risks to the child/young person or others.
- Children and young people were safely supported by equipment that was serviced and checked on a regular basis. Staff were assessed as to their competency in operating equipment and carrying out the agreed duties to ensure they were supporting the child/young person safely.

Staffing and recruitment

- Children and young people were supported by consistent staff. Children and young people were allocated a certain amount of hours each week. This was decided via a panel of various professionals and the majority of families had support from other services such as respite and outreach support.
- Children and young people did not always receive support for the full amount of agreed hours. The registered manager informed us there had been challenges in recruiting staff who needed to have the right skills and knowledge to work in the service. We saw evidence of where parents had been informed in writing that the service was actively looking to recruit new staff. Parents confirmed they rarely received all the hours of support they had hoped to receive. However, they told us there was regular communication between them and the patch managers to confirm which visits would be taking place and they were sent a schedule

of the planned visits. The registered manager had been successful in recently recruiting new staff and there were plans to recruit for additional staff to ensure families had the full agreed support that had been allocated to them via the local authority in the very near future.

- Children and young people were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely

- Children and young people safely received their medicines. Medicines were usually given by the parents. Staff received training to administer certain medicines, such as through a Percutaneous Endoscopic Gastrostomy (PEG) tube. This 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.
- The medicines given to children and young people by staff were usually 'as required' (known as PRN medicines). We saw there were medicine administration records (MAR) in place. Any concerns identified were swiftly acted upon by the registered and patch managers. This included carrying out audits on MARs to ensure any recording discrepancies were looked into and rectified.

Preventing and controlling infection

- Children and young people were supported safely as there were clear instructions to help staff to manage the risk of infection when supporting children and young people with specific needs. The instructions were pictorial and had highlighted text to indicate to staff the importance of checking and cleaning the area where there was a point of entry, the recognition of infection and the action to take. Staff we spoke with confirmed that these instructions were followed in every case to minimise the risk of an infection.
- The staff received training on infection control. Staff confirmed they had access to protective personal equipment which was available in the office.

Learning lessons when things go wrong

- The provider had a system to record accidents and incidents. We viewed records and saw appropriate action had been taken as necessary.
- Management were keen to develop and learn from events. Staff were encouraged to reflect on where things could have been improved and used this as an opportunity to improve the service for children and young people and for staff. For example, we saw that where a staff member had their hair pulled by a child, staff were reminded about taking care to keep their hair out of reach when providing support with their personal care.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Children and young people and their parents were involved in the assessment process, carried out by the social work team and these were in line with current legislation and good practice.
- Children and young people were well supported and staff followed the support plans which were designed and implemented to ensure the needs of the children/young people were met appropriately. It was evident that children and young people and their families had been involved in co-producing them. One parent told us, "We are always consulted. We can add 'top tips' that help them [staff] with [child's name] behaviour".
- Support plans included the child's/young person's voice loud and clear and ensured staff were attuned to each of their individual needs to deliver good, person-centred support. This practice was in line with established good practice guidelines for care and support for children with disabilities.

Staff support: induction, training, skills and experience

- Children and young people were supported by staff who were very supported and well trained. A parent confirmed, "They [staff] all know what to do and how to do it." Staff were trained to deliver specific aspects of support in order to meet the child's or young person's needs. This included training in specific equipment that might be needed to support a child or young person.
- New staff received an in-depth induction. They spent time shadowing experienced staff with the children and young people that they will then go on to support alone. New staff were assessed throughout their induction period and beyond to ensure they carried out the different care duties effectively. One parent confirmed, "They [new staff] do a lot of shadowing so newer staff get the chance to do loads of observations and they have to do it for quite a while before they [managers] sign them off to work on their own."
- Staff and staff records confirmed they received lots of support through one to one and group meetings. One staff member said, "I couldn't be more supported."

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

- Children and young people were supported with their meals if needed. Parents mainly provided meals and the registered manager confirmed there was no-one currently at risk of dehydration or malnutrition.
- Where children and young people had the support from a dietician, information would be held at their home so staff knew if there were any guidelines that they should follow. In one young person's support plan we saw it was recorded, 'I am able to eat myself, however, you may need to sit me up.' This practice minimised the risk to themselves.

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

- Children and young people benefitted from support from a stable staff team who understood how best to support them. One health care professional confirmed, "I have experienced the team have given exceptional care which has improved the outcomes for the young person and their families." Where a child or young person had surgery and required a particular type of support, staff were advised and trained on how to support the child or young person effectively.
- Staff told us that they were in constant communication with other professionals. This might be from school, community health teams and social work teams. This was confirmed by the feedback we had from parents and by our examination of children's/young people's support plans.

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

- Children's and young people's health needs were clearly recorded in their support plans, these included photographs and/or pictures, where relevant. Information was recorded on what to look for if staff felt a piece of equipment such as a Percutaneous Endoscopic Gastrostomy (PEG) was not looking as it usually did. A PEG is used when children and young people are unable to eat orally and food and/or medicines is delivered via a tube into the stomach.
- Children's and young people's support plans noted which staff supported them and what specialised training they had completed in order to meet the child's or young person's needs.
- The provider maintained good working relationships with the children's community nursing team from Oxford Health NHS Foundation Trust to support those children with complex health needs. These positive working relationships assisted staff in meeting children's/young people's needs and helped them support the parents.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA. This legislation relates to people over the age of 16 years old and there was only one young person, using the service, who was 16 years old. They had no restrictions placed on them. The registered manager understood their responsibilities in ensuring people were assessed should a young person lack capacity or require restrictions for their safety. Staff had also completed MCA training to ensure they were aware of this legislation and could put its principles into practice.

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

Outstanding: 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; equality and diversity

- Parents spoke very highly of the staff who visited them. Comments included, "They [staff] do care," "They [staff] are part of our family" and "They are not just about supporting the child but they support me too." One child told us they liked the staff who visited them and appeared visibly pleased to see them.
- Children and young people and their parents built a strong bond with the staff who visited them. Parents said staff were like, "Part of the family."
- Parents were very extremely happy with the support their child received. Many said staff went the extra mile, staying on at visits if they needed to and one parent told us, "I would say their pastoral care, for me and for [child's name], the whole family really was good. I don't know what I would do without them." The registered manager gave us examples of where staff stayed on at visits to ensure the parent and child/young person were safe.
- A health care professional verified that staff were committed to offering an excellent level of care. They told us, "The team always go the extra mile for the children they support."
- Staff spoke passionately about the work they carried out and the good relationships they had developed with children/young people and their parents. One staff member said their main role was, "Getting the best care for the child." Another staff member said it was an, "Honour to be invited into their homes."
- Children and young people received a quality service from staff who were keen to learn new skills to support them in a caring and effective way. We saw evidence that the registered manager had funded staff to attend specialist training to ensure they were equipped with the skills they needed to support children and young people. The registered manager confirmed to us that staff went above and beyond this, funding further training for their own development.

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

- Staff readily engaged with parents in the decision making process. One parent described how staff checked with their child if they were going to do something to support them. They told us, "She lets them know if she doesn't want it. She moves her eyes for yes and no. She is definitely the one in charge."
- Where required, information was provided to children and young people and their parents in a format that was accessible to them. We saw accessible information was well embedded in support plans. Parents also confirmed that information was verbally explained to them so they understood the support their child would receive from the service. If parents required an interpreter this was arranged to enable them to ask any questions.
- Staff encouraged children and young people to communicate how they were feeling. One parent

explained that staff had helped their child communicate using Makaton. This is a form of sign language, usually used for people who have limited verbal speech and might have a learning disability. We saw that the child could use some Makaton signs to tell their parents what they wanted.

- Where possible, staff were matched to children's/young people's needs and requests to promote a positive working relationship between each other. Staff told us that sometimes where a match had not gone well, staff were changed to ensure the child/young person and their families felt comfortable with the staff members who were visiting them.

Respecting and promoting people's privacy, dignity and independence

- Parents told us staff respected the child's/young person's privacy and dignity. One parent said, "Staff treat [name of child] with total respect. For example, if she has some food on her mouth they talk to her and say, 'let's just give that a wipe' to make sure she knows what's happening." They went on to comment that staff talked to their child all the time making sure they described any support duties they were about to carry out.

- Children and young people were encouraged to do as much as they could for themselves. Parents commented on how staff would support and prompt their child to do certain things with staff helping them. One parent said staff positively helped their child to be as independent as they could be.

- A social care professional gave us two examples of where staff supported a child and young person to help them with their daily lives. They described how staff had assisted a young person to "Tolerate water on his head, in order to wash his hair, whilst participating in enjoyable swimming sessions." they also explained that staff had, "Reduced the necessity for a young person to use a wheelchair to keep him safe in the community by working with him to help him walk with an adult in a safe place."

- Children and young people and their parents were asked if they had a gender care preference regarding staff who might be providing personal care support. One parent confirmed, "I only want female staff."

Is the service responsive?

Our findings

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

Good: 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

- Support plans included information about children's and young people's personal preferences and were focused on how staff should support them to meet their needs. Staff knew the children's and young people's interests. We saw one staff member take a child out of their home as this is what they enjoyed doing. The child explained where they were going and what they wanted to eat whilst out in the community. They seemed pleased to see the staff member and readily prepared for the outing.
- Children and young people and their parents received, where possible, a flexible service. One parent told us, "I think they are always very flexible with visits if we need to change them and providing there is staff. One time I needed to re-schedule some visits at short notice. Staff managed to do this and so were very responsive."
- A patch manager spoke of how the staff responded to the changing needs of the child or young person and/or their parents. They confirmed, "I really feel this is a service that will go above and beyond if a family are in crisis. We will sit and discuss if there's any extra support we could put in for child."
- 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 of where staff had arrived at a home visit to find the parent very unwell and requiring hospital admission. Staff contacted emergency services, ensured the child was safe and that the second parent was contacted. They stayed on with the child and their sibling until the second parent returned from hospital and additional support was given for the next few days.
- A staff member described how they had responded when they had concerns about a family and how the parents were coping. The child's welfare was paramount whilst balancing supporting the parent. They kept in close communication with their line manager so that they could support the child in a caring and supportive way whilst ensuring, with others, that the parent could look after the child. Due to staff being responsive children and young people were helped wherever possible to remain in their own homes whilst their parents received the support they also required.
- The management team ensured children's/young people's needs and any issues were communicated effectively amongst the staff. Information was shared between staff through phone calls to managers, the records kept after each visit and patch meetings.
- Children and young people's needs and welfare could be responded to quickly as there was daily duty system in place. This was to ensure anyone involved in a child's and young person's life could contact the service and action would be taken to ensure they were safe and that any issues were shared with the relevant professionals.

Improving care quality in response to complaints or concerns

- Parents confirmed they knew how to make a complaint and who to speak with. Comments included, "Never had to make a complaint but I would speak to [patch manager] if I needed to" and "I've never needed to, but I'd definitely feel comfortable making a complaint."
- Children and young people and their parents received a copy of the complaints policy and procedures and this was available in a pictorial easy to read version. We saw there were effective systems and procedures in place to deal with complaints.

End of life care and support

- Children and young people had a social worker and it would be their role to ensure end of life wishes were discussed and documented and all involved in the child's/young person's life would then have access to this information.
- Staff told us they were well supported when visiting a child or young person with life limiting conditions. They said, "The manager is mindful of us supporting people end of life. There is counselling available for staff."
- Staff received information and training on end of life care from a palliative nurse who worked alongside the children, young people and families. This ensured everyone knew how best to support the child or young person.

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

Good: 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; and how the provider understands and acts on duty of candour responsibility

- Parents of the children and young people using the service were complimentary about the service. Comments included, "They [staff] do care," "They [staff] are part of our family." Parents knew who to contact if they needed to speak with a member from the management team.
- The registered manager has been in post for approximately six years which contributed to the stability and continuity of the service. They had a diploma in management and had qualified as a therapeutic trauma mentor to support people/staff through challenging periods in their life. The registered manager had successfully created a pleasant working atmosphere that led to good teamwork with effective communication between the staff.

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

- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. There was an on call system in place so that staff could talk out of office hours with staff from the management team should they need to.
- There were effective quality assurance systems in place. Audits were carried out on a range of areas including, staff records, children's and young people's records and the visit records to ensure information was recorded, informative and up to date.
- Parents, staff and records confirmed patch managers visited staff whilst they were carrying out support to children and young people. This was to monitor that staff were providing a high quality service. It also provided families the chance to talk through any concerns they had or to give general feedback on the service.
- The service had an infrastructure in place to enable staff to log in and out of home visits electronically. The systems helped the staff team spend their time efficiently, check home visits were being carried out and enabled the registered manager to have a good overview of the service at any time.

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

- The provider involved children, young people and parents in various ways. They had opportunities to contribute their views at review meetings, complete surveys or raise any comments via an open door policy

at any time. Feedback and communication was shared through newsletters.

- The staff told us they felt listened to, valued and able to contribute to the running of the service. One staff member confirmed "I feel very supported by her [registered manager], honestly she's the best manager I've ever had." A second staff member said the registered manager was, "Friendly, approachable and professional" and that they could give their views at anytime.

Continuous learning and improving care

- The registered manager was pro-active in acknowledging the important work the staff team carried out. They had been successful in front line staff being re-graded and therefore receiving a pay rise. They also recognised the benefits in all staff having access to their own laptop so that records could be viewed and updated as required and so had ensured these were provided to all staff.
- The registered manager and patch managers promoted continuous learning, they held meetings with staff to discuss work practices, training, development needs and staff's well-being.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. Meetings were held with the registered and patch managers so that all those in a senior role could discuss issues, share information and best practice.

Working in partnership with others

- Children, young people and their parents were supported by a range of professionals and the staff team worked closely with these to ensure all aspects of the child's life was recognised as being important. Conversations we had with parents highlighted how much the staff worked well with others. One parent told us the staff, "Always support me and come to the various meetings to help me."
- The registered manager and staff team worked closely with other health and social care professionals. This was evident throughout the records we viewed. Staff understood to talk through concerns about the welfare of children and young people with others to ensure they were safe. Information was shared between all those involved in the child's or young person's life. A social care professional told us, "Staff regularly attend meetings and provide updates to connected professionals. They are creative in their thinking to support the families they work with in the best possible way." A health care professional spoke positively about the registered manager and said, "[Registered manager] is an excellent communicator and manager and understands risk assessment and management very well."