

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Fun and Breaks (Chichester and Arun)

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	West Sussex County Council
Registered Manager	Mrs. Doreen Bradbury
Overview of the service	The Fun and Breaks service provides volunteer carers for families with children with disabilities. The service aims to provide a family with support for about four hours every fortnight, at a time that has been agreed between the family and the volunteer. This allows parents to take a much-needed break from caring. People can self refer or be referred by a member of their social work or healthcare teams
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 6 February 2013, observed how people were being cared for, talked with carers and / or family members and talked with staff.

What people told us and what we found

We inspected the location and spoke with the manager. We also spoke with one parent and one volunteer.

The parent told us that it was a "really good service" and that the main benefit for her child was to have quality one-to-one time with someone who could help with reading or homework giving her time to concentrate on her other children.

Support needs, activities and hobbies were all recorded in support plans.

Volunteers were supported and trained to fulfill their function.

We saw that surveys and comments were very positive. One comment from a parent was "I was at my lowest when H became my volunteer and it was a wonderful help". A comment from a child was "B is kind and I like his family". This was accompanied with a happy picture.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We spoke with one parent and we were told that the volunteer was carefully matched to them and their child.

We looked at four support plans and saw that they were set out to offer children's care needs in a way that respected their privacy, dignity and human rights. Details were recorded on how to protect each individual's privacy during care.

We saw that care was discussed with people. Much of the support offered was around activities such as going out to things such as puppy walking classes, art club, trips to the shops, sports clubs, support with homework, swimming or activities relating to trains. Some volunteers went in just to take over the bedtime routine giving the parent a break.

Parents told us that their opinions were sought via surveys. We were also told that there were frequent meetings that they could attend. We saw minutes of these meetings.

The complaints procedure was available to people in an accessible format.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

One parent told us that the service was really good.

Reasons for our judgement

Children's needs were assessed and care treatment was planned and delivered in line with their individual support plan.

We looked at four support plans for children and saw that all personal care needs were recorded. Contact details of next of kin, general practitioner, physiotherapist, social worker and emergency contact were all recorded.

Although volunteers were trained to offer personal care where needed, much of their support involved helping children with disabilities to access the local community. It also involved helping them in their hobbies or in daily routines such as bed time routines. We saw this was recorded in the support plans. One parent told us that the service was really good.

Risk assessments were in place in relation to choking, health and safety, medication and a volunteer spoken with told us that they had received training in emergency first aid for children. This ensured children's safety.

There was a pictorial chart in place for children with communication difficulties. This ensured people's individual needs were identified and met.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that safeguarding children policies and procedures were in place. Volunteers received training in recognising and responding to abuse in induction and on an ongoing basis. Volunteers we spoke with confirmed this and demonstrated an awareness of procedures. Records of this training were seen.

Volunteers were given a comprehensive handbook detailing child protection and whistleblowing procedures. There had not been any safeguarding allegations to date.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Volunteers received appropriate professional support and development.

We saw records that showed volunteers received supervision every six weeks. A volunteer spoken with confirmed this. The manager told us that as volunteers, not all undertook individual supervision but the service held frequent meetings and information days which volunteers were encouraged to attend. We saw that one was planned for Saturday 9 February. This was planned to cover challenging behaviour and communication.

All volunteers received a one day induction and pass a 1st Aid course (Emergency life support for children) before being introduced to a family. A volunteer spoken with confirmed this. The induction covered disability awareness, child protection, health and safety, moving and handling, infection control, medication and Fun and Breaks practices. The manager also told us that the service had a book budget and could buy books to support volunteers.

We saw that the service published a quarterly newsletter keeping volunteers up to date with events in the organisation and upcoming meetings and training. Volunteers were reminded that they could telephone the office at any time to discuss any issues that arise.

Volunteers were offered Hepatitis B vaccination.

The manager told us that there were clear lines of responsibility and accountability

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and these were acted on.

Annual surveys were sent to volunteers, families, children and professionals. we saw some of these surveys and they had very positive comments. Positive feedback from families was passed on to volunteers. This had a positive effect on the service. One volunteer commented "Knowing how much you are appreciated by parents is very rewarding".

The service completed a bi-annual audit on the functioning of the service.and the area manager did quarterly audits and six monthly interim report.

Monthly data was submitted to the organisation on numbers of visits made by volunteers. There were quarterly financial reports detailing expenditure.

The agency was one of West Sussex's three services providing this volunteer service and we saw that the services supported each other.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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