Inspection Report

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)

Durban House, Durban Road, Bognor Regis, PO22 9RE

Tel: 03302222561

Date of Inspection: 12 December 2013

Date of Publication: January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to 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 short breaks for children with disabilities and their families. The service provides children and their families with support for up to two hours per week with a trained volunteer. Volunteers support and care for children in their own homes or to access activities in the community.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 December 2013, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with three volunteers who worked in the service and the manager. We spoke with three parents of children with disabilities who use the service and reviewed six care plans. Parents we spoke with told us that they were asked for their consent to the care and treatment provided. We saw that the child or young person was involved in decisions about the service as far as possible and their rights and wishes were respected.

A parent told us "every child with a disability is different, our volunteer does everything to enter into their world rather than try and adapt them to theirs, they use a great deal of common sense". We found that care was delivered to meet the needs of the child and to support their families as described in their care plan and needs assessment. A parent said "I am very grateful for the service, as a mum and for my child as well - we look forward to seeing our volunteer and the special bond they have with our child".

We found that children were supported by volunteers who understood their responsibilities to safeguard their safety and welfare. Information was available so that volunteers and people who use the service knew who to contact if they had any concerns.

Volunteers were recruited following robust procedures to ensure they were suitable to work with children and were carefully matched with children and their families.

The provider had an effective system in place to assess and monitor the quality of the service provided.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before children and young people received any care or treatment the appropriate consent was obtained and the provider acted in accordance with their wishes.

Reasons for our judgement

The service provided was intended to benefit children and young people with disabilities and their families by the provision of 'short breaks' where the child or young person was cared for by a trained volunteer. The service was for children and young people aged from birth to 18 years and the manager told us that "most children we support are of school age".

We saw that the provider sought the consent of the person or people with parental responsibility for the child. This included their written consent to the care provided, their consent to share information and their consent for a volunteer to administer medication. Information was given about the rights of children to be valued as individuals and encouraged to make choices.

The consent to care included a summary of the planned care and details about data protection. The consent to share information included details about who else could be contacted and consulted and the consent to administer medication included information on what medication and how this was administered. This meant that people with parental responsibility were given information to make an informed decision and give their consent.

We spoke with three volunteers about how they involved the children and young people they supported in making decisions about how they spent their time with the volunteer. One volunteer told us "I ask X they are 10 and they know what they want to do, they are very independent". Another volunteer said "We are trying to do a wish list together, X know's what they want to do and this takes priority". A third volunteer said "we usually decide all together (young person and family) X is really switched on, a clever kid". This meant that children and young people were supported by volunteers who respected their rights and took into account their wishes.

The manager told us that children and young people were "involved as much as they can be in decisions about their care". We saw that children were involved in reviews about

their care and before the service was provided they met with the volunteer as part of the 'matching' process to give their agreement. The manager told us "their opinion is most important". We discussed examples of where children had made a decision not to continue with the service and this was respected. Where a young person had the choice to continue with the service when they were no longer living in the family home, they had made this decision independently. This meant that children and young people were supported by the provider to make decisions, as far as they were able, about their care and support.

A parent told us "my child can make their own decisions but they don't always make good ones". They told us that when their decisions conflicted with their welfare or safety needs the volunteer explained this to their child and gave them other options to choose from. This meant that children were supported to understand the risks and benefits of their decisions.

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

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Support was provided to families through the provision of care for their child during 'short breaks' of up to two hours weekly. Families benefited from the support which allowed them to either; have the support of another adult carer for a period or a break from caring for their child who could be cared for by a trained volunteer in activities which supported their needs and/or goals.

We reviewed the care plans of six children and young people who use the service. We saw that each plan included a 'pen picture' which detailed the child's needs in relation to; activities and routines, speech, language and communication, mobility and safety, diet and feeding, personal care, behaviour, health and medication needs. Care was planned according to the goals for the child and desired outcomes for the family.

We saw that care plans were person centred and included the child's preferences and individual needs. For example; a care plan stated; 'talk to me using clear simple sentences', and 'I like to eat regularly and have cups of tea'. We saw that planned care was developed with the child, their family and other people involved in their care such as a social worker. We spoke to a child's parent who told us that "it took a while for the volunteer to understand my child's speech, they spent time with them and now they understand X as well as I do". They told us that care was planned on a weekly basis and their child decided what they would do. This meant that children and young people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that the provider was using a 'spider chart' which supported children and their families to identify and monitor their progress and needs. For example; what they felt more able to do, whether they were making decisions and choices and what they enjoyed. Children's care plans were reviewed annually by the provider and this included the child and their family. We saw two examples of where a child's pen picture had not been updated or recorded as not changed since 2010. We noted that one child did have changed needs which were documented at their social services review. Whilst we understood that volunteers and families communicated about children's needs on a regular basis, the provider might find it useful to note that where needs assessments held in the

office were not updated, the provider's record about the child's needs may not be accurate.

Care and treatment was planned and delivered in a way that was intended to ensure children's safety and welfare. We saw that care plans included risk assessments that addressed hazards in the home environment and hazards in relation to the care of the child. Parents we spoke with told us that volunteers were aware of risks to their child's safety and these were managed appropriately. A volunteer told us "I was made aware of risks to the child I support such as their friendliness with strangers, we talk about this". Where children were supported with medication a health care plan was in place and this included any clinical procedures to be followed. Volunteers completed training in medication administration and emergency medication procedures where required. This meant that children were supported by volunteers who promoted their health, safety and welfare.

We saw that volunteers completed diary entries each time they supported the child. The diary entries were used to monitor the care provided and these were reviewed monthly by the manager. Parents we spoke with told us that the manager kept in touch with them regularly "to check everything is OK". This meant that the quality of care delivered was monitored.

An information card was carried by volunteers when out and about with children to ensure that emergency contacts, diagnosis and emergency medical information was readily available. We saw that the manager recorded the contact they had with other professionals concerning the child's care and this included health professionals, social workers and schools. This meant that children were supported by communication between those that provided their care and support.

A parent told us "our volunteer gives my child someone else in their life to talk to outside of the family, it is great for their confidence and time away from their siblings - which they desperately crave"

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Children and young 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. 'Safeguarding children and young people from abuse' was included in the induction training for volunteers. This included; what abuse is, the signs of abuse, the vulnerability of children and young people and the procedures to follow if a concern or disclosure of abuse occurred. Safeguarding was also discussed with volunteers at an annual review to ensure their continued understanding of their responsibilities to protect and promote the safety of the children and young people they supported.

Volunteers we spoke with confirmed that they had received information and training about safeguarding children and young people and they knew who to contact if they had concerns. One volunteer said "for me it's being aware of general stuff, they are vulnerable and I make sure I take care of them - I don't leave them alone and I protect their safely from any harm, I can speak to the manager if I had any concerns". We saw that information was included in the handbook given to volunteers about the procedures to follow and who to contact if they had any concerns. This meant that children were supported by volunteers who understood their responsibilities to safeguard children and young people and were aware of how to raise any concerns.

We saw that the provider included information in their newsletter sent to volunteers and families about safeguarding and the contact details of the local authority direct line for reporting concerns. This information was also available to families in the care plan kept in their home. Parents we spoke with confirmed they were satisfied with the volunteers understanding of any risks to their child's safety and that they acted to protect and promote their safety and wellbeing.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably trained, skilled and experienced volunteers.

Reasons for our judgement

The manager told us that volunteers were recruited through a range of sources, such as; existing local authority staff, local businesses and community resources including the volunteer bureau and university. The manager followed the recruitment procedures as described in the local authority 'volunteer policy framework'. Applicants completed application forms which were supported by clear information about the role and requirements and the manager spoke with applicants to discuss their interest and suitability, prior to a formal interview. We saw that the procedures were comprehensive and included all the relevant steps to ensure that volunteers were subject to the same level of suitability and selection checks as other employed staff. This meant there were effective recruitment and selection processes in place

The provider carried out the appropriate checks before volunteers began work. These included an identification check, criminal records check, and a local authority check, including where the volunteer was from another local authority. References were requested from previous employers and those that could provide testament to the volunteers good character. We reviewed the files of six volunteers and saw that all the relevant checks had been carried out and were satisfactory. This meant that children and their families were supported by volunteers who had been checked as suitable to carry out their role.

Prior to the service being delivered the provider carried out a detailed matching process to ascertain whether a volunteer could be suitably matched to the needs of the child and their family. The manager told us that "careful consideration is given as to whether it is appropriate for a volunteer to work with the family". This included the circumstances of the family and the qualities of the volunteer, such as their attitudes, maturity, skills, interests and their ability and/or experience to support children and young people. The manager said "it is a very personal thing for families to allow their child to be cared for by a volunteer, they all have to be comfortable".

Volunteers completed induction training that included; child protection, health and safety, manual handling, communication needs of children with a disability and general disability issues. A volunteer said "it was really good that the training included information from a

mother and their disabled child who came to the course". Volunteers also completed a first aid course and where the child had specific support needs, such as particular medication administration techniques, training was provided by an appropriately qualified and experienced professional. The manager said that "time spent with the families is the most instructive, it is important to get to know the needs of the individual child, not just the theory". This meant that volunteers were appropriately trained to carry out their role.

A parent told us "our volunteer is absolutely the right volunteer for us, they are an absolute life line". A volunteer said "I think they (the provider) do an amazing job, they have provided me with help and training and are at the end of a phone if I need them, I really feel valued as a volunteer".

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

We saw that the provider carried out an annual survey to ask families about their experience of the service and the outcomes they achieved through engagement with the service. We saw that feedback from the survey was being used to make improvements and this included a review of the questions they asked people to help them improve their understanding and ability to respond to their feedback and make improvements. The manager told us that when feedback did highlight specific needs, they acted to make improvements. For example, where families were unable to provide the funding for activities to benefit their child, a fund had been made available.

We saw that feedback was also sought from volunteers and the children and young people they supported. As a result of feedback from volunteers improvements were planned to the information and training provided to volunteers, and we saw the action plan that detailed when this would be achieved and who was responsible. Children gave positive feedback about their engagement with volunteers and the outcomes they experienced. This meant that people who use the service, their representatives and volunteers were asked for their views about their care and treatment and they were acted on.

We spoke to the manager about how they assured the quality of the service people received. They told us that "we observe volunteers and families together at the matching stage and thereafter I speak to families at review and through regular phone/email contact". Parents we spoke with told us that the manager was in regular contact with them and asked about how the service was going. A parent said "the manager calls me every three months to check that all is OK, and I have their contact details so if I need them I can speak to them at any time". This meant that the quality of the service was regularly monitored.

Risk assessments were carried out in respect of environmental and other factors which may present risks to the volunteer and the child they supported. Families were asked to monitor changes and update the information provided in the care plan including risks, where required. A parent told us "we all reviewed the risks together and this included, what made my child anxious and their health needs, the manager comes here annually to

review the whole package". This meant that risks to people who use and volunteer in the service were identified and reviewed.

Volunteers were required to keep a diary sheet to record their contact with families at each visit. This included a description of how they spent their time as well as any progress made by the child towards their goals. Information was also required about any accidents, incidents or concerns. The manager reviewed the diary sheets each month to monitor the service provided and respond to any issues raised by the diary contents. This meant that information was regularly gathered and reviewed about the delivery, safety and effectiveness of the service.

The manager told us that they met with their line manager and two other co-ordinators of services quarterly. The meetings were used to discuss the services and monitor the progress of the action plan which informed service development and compliance with their registration and commissioning requirements. We looked at the action plan and saw actions were in progress to support compliance and develop areas of the service to further benefit the people who use it. People who use the service were kept up to date about service developments, information and service evaluations through a regular newsletter.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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