



Inspection Report on
Bakers Way Short Breaks Service
BRIDGEND

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Bakers Way is a children's home which provides short breaks to children and young people resident in Bridgend County Borough who have a learning disability and / or a physical disability. The home can accommodate five children aged 0-18 years at any one time. It is operated by the Local Authority and is not registered to accept emergency placements. There is a manager in post who is registered with Social Care Wales and the responsible individual is Laura Kinsey. The home is in a residential area on the outskirts of Bridgend.

Summary of our findings

1. Overall assessment

Overall, we found that children are cared for by staff who want the best for them and have good relationships with the staff team. Children are encouraged to be active and their admission to the home is done sensitively at the child and family's pace. Staff communicate and adapt to suit each child's needs. The environment is in the process of being refurbished to enhance children's experience when staying at Bakers Way. Improvement is needed in relation to safeguarding systems and quality assurance to ensure they are robust to make certain children's well-being is paramount and any shortfalls are identified and rectified swiftly.

2. Improvements

We did not identify any significant improvements, although we concluded that overall the service continues to provide positive experiences for children and a valuable break for parents and carers.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Safeguarding systems
- Quality assurance
- Records

1. Well-being

Summary

Children are cared for by staff who want the best for them, have good relationships and communicate with them in a way they understand. The home's systems could be improved to ensure children are always protected from harm. Children are encouraged to be active during their stay at Baker's Way.

Our findings

Children enjoy positive relationships with staff. The staff present during our visit spoke positively, with care and concern and of wanting the best outcomes for the children. We observed the children when they arrived at Bakers way after school and positive initial interactions were observed. We heard praise and interactions with staff were warm and caring. We found staff to be patient and they had a good understanding of each child and how to ensure that their behaviour was supported. One parent we spoke with told us they feel staff "*understand X as well as I do*" and the changes that are implemented at home are carried on at the service because of the good communication they have with each other. The parent explained "*X enjoys coming and always asks to come*". We looked at questionnaires received for the service from parents during our inspection and some feedback included, "*X loves the staff and the social interaction*" and "*X is always greeted with a lovely welcome and receives the care he needs during X's stay*" and "*I don't worry at all as all X's needs are being met*" and "*he loves all the staff and children in Bakers Way and that makes me happy*". Children are looked after by staff who are caring and want the best for them.

On the whole, children are kept safe and protected from harm but systems could be more robust. The service had sent out adapted feedback questionnaires to children using the service and we looked at a sample, the majority of children said they felt safe staying at Bakers Way but one child said they did not. Staff we spoke with informed us they were familiar with the safeguarding policy, and what process they would follow should they need to raise a safeguarding concern. Staff also confirmed they had received safeguarding training and of the files we sampled we could see staff had attended a safeguarding children's course. Body maps were completed when marks were observed on children during their stay. A senior or manager on shift viewed these to sign them off if they were in agreement with the actions, however, these lacked detail regarding the actions taken. Therefore, body maps would benefit from more detail regarding the incident and what actions had been taken by staff in response, to provide a rationale for the decision-making. We saw information was uploaded on to the corporate system for social workers to access. On an individual basis, we found that on the whole, young people had risk assessments in place and there was evidence some had been reviewed and were followed by staff. Although staff informed us they had read children's files and they appeared to have a good

understanding of children's individual needs, staff did not consistently sign them to evidence they had read them. Additionally, some incidents had occurred which made reference to staffing ratios not being in line with children's plans and subsequently were not reflected in children's risk assessments. We also viewed a record that indicated there was a delay in information being shared with the social worker and there was a lack of recorded evidence that information regarding an incident had been shared with parents. Therefore, we recommended that risk assessments are consistently amended accordingly to reflect changes in children's behaviour, staff work in accordance with children's plans and information is always shared with the social worker and parents in a timely manner and is fully recorded.

The manager informed us of an incident which had occurred resulting in potential harm to a child, which was reported by the child's parent. The manager told us that guidance was sought and as a result, it was agreed that staffing levels would be increased to prevent future occurrence. The manager gave assurances that placement plans and risk assessments would be updated to reflect potential risks and how staff were to manage potential incidents prior to the child's planned next stay at the home. However, the manager explained that although the staffing ratio had increased, any changes to documentation had not occurred despite the child having had another stay at the service. The manager advised that staff were alerted to future practice within a team meeting; however, the team meeting took place subsequent to the child having stayed. Staff told us and some records evidenced that adequate supervision and staffing levels were not consistently in place which could place children at risk. The service is required to develop a system to monitor and review risks; these should be updated in a timely manner with records indicating that all staff have read and understood any updates. Additionally, a de-brief with staff is undertaken promptly and actions following this are fully recorded. We conclude that currently children cannot always be confident that there are robust systems in place to ensure their needs are consistently met and they are safeguarded.

Children are encouraged to be active. We saw that children played outside in the garden which had various play equipment suited to children's needs. Additionally, there was an indoor play room and a sensory room to allow children time to relax. The children had access to a mini-bus which allowed them to be taken out to enjoy community activities or go for a walk. Children's physical activity was dependent on their individual needs and these were catered for; staff told us and some children's records confirmed that generally the children prefer to be outdoors keeping busy. One young person said in their questionnaire when asked about what makes them happy at the home "*I like using the garden hoover*" and "*they let me go places*". Children are cared for by staff who support them to be physically active.

2. Care and Development

Summary

Children's introduction to the home is positive. We saw evidence of good communication between parent's and carers, social worker's and the home; information shared enabled the service to appropriately meet the individual needs of the children during their stay. Children are treated with respect and valued and are able to communicate with staff using various methods including PECS (Picture Exchange Communication System). Staff are prepared well for each young person coming to stay.

Our findings

Children's admission to the home is done with sensitivity but compatibility of children's needs could be improved. Children's needs and preferences were understood because care was taken in the admissions process before they began overnight stays. Detailed referrals were seen in children's files, alongside social work assessments outlining the need for short breaks. Staff gathered detailed information from parents/carers during the introductory visits. The manager explained they try to gather as much information from parents/carers as possible because they said "*I want it to feel like home*". Parents/carers assisted with the completion of comprehensive 'profiles' on their child which included information about their likes, dislikes and character which helped to provide a picture of the child's personality. Plans for first visits or overnight stays were developed in consultation with the family and included tea visits or visits with families as appropriate and at the child's pace. One parent told us they were shown around on their initial visit and their child had two tea visits before staying overnight. However, the manager advised that the child had six tea visits before their first stay. However, we saw evidence that the presenting behaviours of one young person had not been considered, in detail, alongside the other young people's presenting behaviours or how they would be a good match without it being at the detriment to either of the children staying at the home. Overall, we found that children and families can be confident admissions are thoughtfully undertaken at the child's pace; but a recorded analysis about compatibility would ensure the process is more robust for the future.

Importance is placed on children being valued, treated with respect and individuality. Staff we spoke with told us they used a variety of methods to communicate with children who had little or no verbal communication depending on the children's preferences. Communication methods included PECS and an iPad. Children's files included information regarding the way they made their needs and wishes known and staff we spoke with confirmed this. We viewed a menu which offered a variety of meals and reflected individual preferences of the children. Staff told us that children could choose an alternative meal if they preferred. Overall, evidence indicates that children are valued and treated with respect; they are supported to make decisions and choices about their care.

Children are cared for by staff who prepare well for their arrival. We saw staff greet the children on their arrival with genuine warmth and communicated with them in a familiar and individual way. Children responded well to the staff and guided them to their preferred activity. Staff told us they arrived on shift in advance of the children arriving to allow them time to prepare, discuss what meals to prepare based on children's preferences and what activities they intended to engage in that evening. Children are cared for by staff who are well prepared to ensure children receive a positive stay.

3. Environment

Summary

Children are cared for in an environment which meets their needs. The premises provides adequate space both internally and externally to meet the needs of the children receiving a short break. There are health and safety measures in place to ensure the home is safe but a system could be developed to prevent delays on reviewing and conducting necessary health and safety checks.

Our findings

Children are cared for in suitable accommodation but it is currently being developed to improve accessibility. At the time of inspection, the home was undergoing building works to enhance the environment. The service intended to close for several weeks whilst work was on-going and parents had been informed. Additionally, the service was not operating to full capacity due to the on-going work and the need to use a downstairs bedroom as a lounge. The manager showed us the current work and the plans included having a new kitchen and utility room, widening doors and a new play-room on the ground floor. The décor and furniture were in good order, with specific furniture specifications to meet the needs of the children. Bedrooms were spacious and colourful, each being different, which some children had a preference for during their stay. The bathroom had mould in the shower area and therefore it is recommended a deep clean is undertaken to ensure the removal of mould. Additionally, consideration of a fridge to be purchased for the medication to be stored separately because it was currently being stored in the main fridge in a locked box. Children are cared for in appropriate accommodation, which with the planned improvements will be easily accessible for all.

Children can be reassured that the home has suitable facilities for their needs. We saw that there was a large soft play-room upstairs with a ball pit. The manager told us that following consultation with parents and for equality purposes they intended to develop a similar room downstairs for easier access for children who were less mobile. Currently one of the ground floor bedrooms had sensory resources which all children had access to during the day. One bedroom had the option of two beds; however, none of the young people shared a bedroom. Externally, there was a small enclosed garden which incorporated various play equipment including a large swing, ground level roundabout and trampoline which were accessible to the children. Sensory play was promoted by a mud kitchen. The home provides suitable indoor and outdoor opportunities for children to play and develop.

On the whole, children are supported to stay in a safe environment. We saw that generally health and safety audits of the physical environment were regularly undertaken. We were shown the home's maintenance records. Children each had Personal Emergency Evacuation Plans in place but the sample we saw were out of timescales for their six

monthly review date, last completed in June 2017. Fire evacuations drills were conducted monthly but it was not clear which staff and young people took part; therefore, a record of who was present would be beneficial. Weekly testing of fire alarms was undertaken and monthly tests for the fire extinguishers and intercom system. However, the intercom was not being used at the time of inspection and had been replaced with baby monitors to record sound due to on-going building and maintenance work. PAT testing was also due and the manager was in the process of following this up; the last test was completed in June 2017. The entrance to the premises was safe from unauthorised access as we were only able to gain entry by ringing the bell. We were asked for identification and asked to sign the visitor's book with times of arrival and departure and saw that there was a record kept of visitors. Children and young people are cared for in premises which are safe and secure.

4. Leadership and Management

Summary

Children benefit from a staff team who receive regular supervision, appraisal and attend team meetings. Staff receive a range of training to assist with caring for the children who stay at Baker's Way. However, quality assurance systems could be improved.

Our findings

Overall, children benefit from a service where staff receive support through supervision and appraisal. Staff told us that supervision generally takes place monthly but some staff advised there are times when this is delayed. One staff member we spoke with told us they "*feel supported*" and they received supervision every month but could receive informal support if needed too. Another staff wrote in their questionnaire "*I feel we have a great team and always feel valued by the management and staff*". We viewed a sample of supervision records which confirmed on the whole, staff received regular formal one to one supervision in accordance with the home's statement of purpose. Of the six sample files we viewed, there were some months there was no recorded evidence that four staff had received supervision. Where supervision sessions did not take place within the agreed timescale, the reason for the delay should be recorded. Supervision allows staff to discuss various agenda items, including, personal support, performance and practice, professional development, training and a discussion regarding the children. Staff had all received an annual appraisal in June 2018 and samples of these were viewed which identified areas of development and included staff training. On the whole, children are supported by a staff team who receive support through supervision.

Children are cared for by a staff team where monthly team meetings take place. Staff we spoke with confirmed that they attended monthly team meetings. We saw a rota displayed for the upcoming meetings for the year; an agenda was put up for staff to contribute to prior to the meeting. We saw a sample of team meeting minutes and saw there was good staff attendance. Agenda items included health and safety matters, fire instruction, training and a discussion regarding the children using the service. The manager informed us that team meetings are used to share information with staff about changes to young people's plans. We saw a communication book was used to share information outside of team meetings but a more robust system is required to ensure any vital information is shared with all staff in a timely manner to ensure information is not missed. Children can be confident there are opportunities for staff to discuss and receive support as a team.

Complaints procedures could be improved. We were told about two complaints that had been made regarding the standard of care children had received as highlighted above within this report. However, the manager advised they were not formal complaints and therefore were not recorded in the designated complaints file but had been dealt with and resolved. Additionally, Care Inspectorate Wales (CIW) were not notified of the incidents.

There needs to be a clearer audit of recorded discussions and decisions following incidents. Therefore, it was recommended that all complaints are recorded in one place to assist with keeping track of all complaints and the outcome, in addition to notifying CIW in line with legislation. Children can be confident that the manager will respond to complaints made but the recording system of such requires improvement.

Children can be reassured that overall staff receive regular training but there was a mixed response regarding staff feeling equipped to do their role. One staff member wrote in their questionnaire "*there is always support if needed and the training we have is excellent*". The training matrix we viewed was not up to date, therefore, we recommended a system of recording staff training to ensure mandatory and refresher training was not missed. We sampled staff files which recorded individual training records, staff told us and documents confirmed a full range of training attended by staff including Team Teach (behaviour management), safeguarding, diabetes, complex health needs, moving and handling as well as refresher courses. The manager and staff explained that staff also received specialist training from the community nursing team for children with complex needs. Some staff we spoke with told us that this was basic training and sometimes they felt out of their depth because children's health needs are more complex and the number of children they are expected to support on shift with additional needs. Staff advised they raised this with management and we saw some evidence of this. They also explained that, at times, staff from other homes within the service covered shifts who were not able to support children with complex needs because they did not have the training, therefore, core staff felt this had a strain on them. The manager told us there had been staff shortages at times due to sickness or staff turnover; in the event of not being able to appropriately cover shifts, given the complex needs of the children the child's stay would be cancelled or the manager would stay on shift if required. However, the manager explained this had not occurred. Some staff told us they had not received any formal PECS training from Bridgend County Borough Council but some staff had already received this training in previous roles. Overall, children are cared for by staff who receive a range of training to suit the needs of children including specialist training. However, consideration of a regular review of the staffing systems in place would allow staff to feel more confident and to ensure that all staff including those from another service have the appropriate training to meet the needs of the children.

There are quality assurance systems in place but these could be more robust. A system was in place for monthly monitoring visits which were undertaken by senior management from the local authority. However, we found that this system was inconsistent; in visits being undertaken, some visits did not take place in line with legislation. We requested a sample of the last three monthly monitoring visits and were sent January, February and March 2018. Neither of the visits involved seeing children due to the service being closed or they were in school. There was no evidence that staff had been spoken to. There were only two recommendations regarding the environment recorded, one of which was highlighted on two consecutive months. We read the last Quality of Care report April 2017 to March 2018. The report identified what the service had achieved in the last twelve months and

areas of improvement moving forward, including structural work, to make the home more accessible and a play area downstairs for children to use who are unable to get upstairs. The report made reference to consultation with parents, children and social workers but did not include, in detail, the findings and how these impacted on the running of the service and outcomes for children. Management oversight of records could also be improved including the signing of records to evidence they had been read and agreed. We concluded that overall the systems established for reviewing and monitoring the quality of care given to children did not meet the requirements of the regulations. People cannot be confident that there is a robust system for monitoring and reviewing the quality of care children receive at Baker's Way, or which effectively identifies and addresses shortcomings leading to efforts for continuous improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

No non compliances were identified at the previous inspection.

5.2 Areas of non compliance at this inspection

- Regulation 66 - Supervision of management of the service: This is because the responsible individual has not ensured proper oversight of the management, quality, safety and effectiveness of the service. They have failed to consistently ensure that the needs of the children are met and that they are properly safeguarded. This is because risk assessments and personal plans were not consistently updated after incidents to provide appropriate guidance to staff to keep children safe. Staff were not always following children's plans and the staffing levels were not always maintained to the agreed ratio placing children at risk. The service lacked management oversight of all of these matters and there was an absence of a robust quality assurance system.

We did not issue a notice of non compliance on this occasion, as there was no immediate or significant impact upon the children using the service.

5.3 Recommendations for improvement

- Body maps would benefit from more detail regarding the incident and what actions had been taken by staff in response to provide a rationale for the decision making.
- The home is required to make a record of staff and young people who are present during a fire evacuation drill.
- Undertake an audit of the case file for each child using the service to ensure that key documents are in place and up to date.
- The sensory bedroom should only be used when the bedroom is not occupied to allow children to have complete ownership and privacy of their bedroom space when they stay at the home.
- Review the risk assessments procedures with particular regard to formalising the system whereby staff are required to sign the record to indicate that they have read and understood any amendments.
- Children's supervision levels need to be maintained by staff at all times to ensure children are kept safe.

- Any incidents need to be written up promptly and shared with parents and social services in a timely manner.
- All complaints need to be recorded in one place with records indicating the outcome.
- The service needs to notify CIW of incidents in line with legislation.
- Compatibility of children's needs should be recorded with an analysis which demonstrates that consideration has been given to appropriate matching of all children at each stay.
- Monitoring visits need to be more robust and should include a discussion with the staff on shift and with the children where possible, or at least observing the children with staff. In addition to parents, carers and other stakeholders where possible.
- PEEPS for children need to be reviewed in line with the service's own policy.
- Staff to receive training in PECS to assist with supporting children who stay at Bakers way.
- The service is required to evidence that there is management oversight in relation to what actions are taken in the event of staff shortages. The impact of temporary staff capacity to cover shifts whilst meeting the complex needs of children are also considered.
- Managers monitor and review the support given to the core staff team in ensuring they feel supported at all times to carry out their role effectively.
- Where supervision sessions do not take place within the agreed timescale, the reason for the delay should be recorded.
- Following incidents, records should indicate that staff receive a debrief and agreed decisions are documented regarding a way forward.
- Consideration of a fridge to be purchased for the medication to be stored separately.

6. How we undertook this inspection

This was a full unannounced inspection undertaken in accordance with the CIW inspection framework.

The following sources of information were used to inform this report:

- One unannounced visit to the home on the 28 September 2018.
- We reviewed information about the home held by CIW.
- Observations of interactions between the staff and the children.
- We spoke with the registered manager and members of staff on duty.
- We looked at a range of documentation held at the home including the Statement of Purpose and Children's Guide.
- Examination of records relating to safety of the premises.
- We viewed the premises, including the communal areas and the children's bedrooms.
- We spoke with one parent.
- We contacted Bridgend's Disability Team and left a message but did not receive a response.
- We received four questionnaires from staff and one questionnaire from one young person.
- We viewed a sample of general documentation held at the home including staff supervision records and documentation relating to the placement of children in the home.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Registered Manager(s)	Debra Evans
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	26/6/17; 27/6/17; 11/7/17
Dates of this Inspection visit(s)	28/09/2018
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Working towards
Additional Information:	