

Kids

KIDS (Wakefield)

Inspection report

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Date of inspection visit:
30 August 2016

Date of publication:
26 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 30 August 2016 and was announced. The service registered with the Care Quality Commission in September 2013 and was last inspected during May 2014. The service was found to be compliant in all areas inspected at that time.

Kids (Wakefield) is a registered charity which provides personal care for children and young people with complex needs. At the time of the inspection, care was provided for seven people. Minimum call times were for one hour in a morning before school and some call times were for up to three hours after school. During school holidays some calls were longer, to provide care and support throughout the day.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Parents told us they felt the service was safe and staff had received safeguarding training in order to keep children and young people safe. There were enough staff to meet people's needs with a regular, consistent staff team and there were robust recruitment practices in place.

Staff did not routinely administer medicines but they had received specific training to enable them to safely do so, if required.

Parents felt staff had the necessary skills and training to provide effective care. Staff told us they felt supported and records we saw showed staff had received induction training. However, during the inspection, it was not clear exactly what training staff had received. Staff received supervision, although this was not always formally recorded, so it was not possible to determine the frequency of staff supervision.

We saw from the care files we reviewed the registered manager sought and obtained appropriate consent, prior to care and support being provided.

Parents we spoke with told us staff were caring. The staff we spoke with were enthusiastic and driven to provide good quality care. Staff described how they respected people's privacy and dignity. Staff encouraged people's independence where possible.

We saw care plans were personalised and person-centred. They were reviewed regularly with the involvement of children and young people and their parents and carers. Care and support staff were aware of the content of people's care plans.

Regular quality assurance audits could not be evidenced and audits were not robust. Areas which had been identified as requiring improvement through the inspection process, such as the recording of staff training,

staff supervision and quality assurance checks had not been identified and actioned through auditing. Up to date accurate records were not kept in this respect. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Parents and staff told us they felt listened to and that the service was well-led. Regular staff meetings took place and staff felt information was communicated and shared effectively across the organisation.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Parents told us they felt the service was safe.

Staff had received training in relation to safeguarding children and young people, and could explain what actions they would take if they had concerns.

Staff were recruited safely and staffing levels were appropriate to meet the needs of children and young people who used the service.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff supervision was not always formally recorded and staff training was not recorded effectively.

Staff received an induction and parents told us they felt staff were skilled and well-trained.

Consent was appropriately obtained in relation to the care and support provided.

Is the service caring?

Good 

The service was caring.

Parents told us staff were caring. Staff were motivated to provide good quality care.

People's privacy and dignity were respected.

Care and support staff promoted children and young people's independence.

Is the service responsive?

Good 

The service was responsive.

The service was flexible to meet people's needs.

Care plans were developed with people who used the service, and their parents and carers. Care plans were reviewed regularly.

Complaints were managed and responded to appropriately and resulted in a satisfactory outcome.

Is the service well-led?

The service was not always well-led.

Regular quality assurance checks, in order to continually improve the service, could not be evidenced and some records were not kept up to date.

Parents and staff told us they felt the service was well-led.

There was an open and transparent culture and the registered manager was receptive to feedback.

Requires Improvement 

KIDS (Wakefield)

Detailed findings

Background to this inspection

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

The inspection took place on 30 August 2016. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office. The inspection was carried out by an adult social care inspector. Prior to our inspection, we looked at the information we held about the service and considered any information we had received from third parties or other agencies, such as the local authority and Clinical Commissioning Group (CCG).

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform and plan our inspection.

As part of our inspection we visited the registered office and looked at four people's care records, three staff recruitment files, training records, records relating to quality assurance and policies and procedures. Due to the complex needs of the children and young people who used the service, we spoke with three parents of children and young people who used the service. We also spoke with three members of care staff, the senior specialist childcare practitioner and the registered manager.

Is the service safe?

Our findings

We asked parents and carers whether they felt safe care and support was provided. One parent told us, "Safe? Definitely." We were told, "They're on time. They've never been late in all the years we've been with them." Another relative told us, "Yes, they're brilliant. They have my house key and I feel safe with that. I'm happy with the workers."

A member of staff we spoke with told us, "I feel safe when I'm at work. We have risk assessments in each session and I know what to do."

Following the previous Care Quality Commission inspection the registered manager had arranged for all staff to be issued with contact numbers and information regarding safeguarding. There was a clear, up to date safeguarding policy. The staff we asked demonstrated they understood appropriate policies and procedures in relation to safeguarding children and young people. Staff were able to explain what they would do if they had concerns that anyone was at risk of abuse. This meant people who used the service were protected from the risk of abuse because the registered provider had a robust policy in relation to safeguarding and staff understood this.

We saw evidence risks had been assessed and risk reduction measures had been put into place. Staff were aware of the measures in place and could explain the actions they would take to reduce risks. However, we found one risk assessment was lacking information, where a person required assistance to move with the use of a hoist. The care plan indicated that only staff who had received specific training should use the hoist. However, the care plan did not contain information regarding how staff should use the hoist safely. This could put the person and staff at risk if staff did not have up to date information regarding how to safely use moving and lifting equipment. We discussed this with the registered manager who advised the information had been included in the care plan initially but had been misplaced when files were being updated. The risk assessment was on an electronic system and the registered manager agreed to ensure this was included in the care plan immediately.

Where risks had been identified we saw these were discussed with parents. The registered manager worked with parents and the children and young people in order to consider ways to reduce risk. This information was shared with staff.

Accidents and incidents were recorded and reported appropriately. We saw actions were taken following incidents and these were reported to the regional manager, who therefore had oversight. Furthermore, a system of recording 'near misses' was also being considered, in order to take a more proactive approach to reducing accidents or incidents. There was an on-call system and all the staff we asked told us they were able to contact the office and request assistance if required or in the case of an emergency. One staff member said, "They're always there when I need them."

There were sufficient numbers of staff to meet children and young people's needs. All the care and support was provided on a minimum of a one to one basis, with one young person receiving support from two staff.

All the parents we asked told us there was continuity of staff and that there were no missed calls. For each session where staff were providing care and support, staff sent a message to the office once they had met the child or young person. This enabled office staff to follow up any late calls. A parent told us, "They're always on time and where they should be. They text me to say they've collected [Name] from the bus. It's reassuring. I know [Name]'s safe. It's made things a lot easier since they introduced that system."

We inspected three staff recruitment files. We found safe recruitment practices had been followed. The registered manager ensured employment references were obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. Furthermore, a parent had sat on the recruitment panel in order to provide a parent's perspective in the recruitment process.

Appropriate disciplinary policies were in place and we found action had been taken where necessary. This showed the registered manager had addressed staff conduct when it fell below that which was expected.

Although staff had been trained, care and support staff did not administer medication to the children and young people they supported. However, one person had an allergy which meant there may be an occasion where an emergency adrenaline device would need to be used. The care plan clearly stated what the allergy was and that staff must ensure they did not take products containing the allergen into the person's home. The care plan contained a detailed individual protocol for use of the emergency adrenaline device. This included information regarding the location of the device and details of signs and symptoms that may indicate it should be used. Instructions on how to use the emergency adrenaline device, including a pictorial guide, were included. Further to this, the plan included information regarding needle-stick injuries which highlighted what staff should do should they accidentally stab someone else with the device. Having individual protocols such as these helps to ensure staff understand how and when to administer medicines and reduces the risks associated with medication errors.

Staff had access to Personal Protective Equipment (PPE) such as gloves and aprons. The parents we asked told us staff wore PPE when necessary and staff told us they were provided with adequate supplies. This helped to reduce the risk of the spread of infection.

Is the service effective?

Our findings

When we asked parents whether they felt staff were effective, one parent told us, "They know what they're doing." Another said, "Staff are very experienced."

A staff member said, "Yes we're providing care and support but we try to make it as fun as possible."

A member of staff told us they felt they had received sufficient training to enable them to perform their role effectively. We were told by staff they had the opportunity to shadow other members of staff as part of their induction and also prior to providing support to a new child or young person. One staff member told us, "I shadowed the current member of staff for a week before taking on a new child. We try and make any transition as easy as possible. Get to know the child and their history and behaviour. Family need to feel comfortable."

The staff we spoke with told us they had completed up to date training in areas such as safeguarding, first aid and moving and handling. One staff member told us they felt the safeguarding training was, "A brilliant course," because, although they had found it intense and upsetting, it was very effective in bringing safeguarding issues to life. Another staff member told us they received additional specific training when this was appropriate, such as Percutaneous Endoscopic Gastrostomy (PEG) training and autism training.

There was no staff training matrix providing an overview of staff training available for us to inspect. Individual staff files we looked at showed gaps in training. We therefore viewed a file which was used to plan staff training. However, it was not possible to conclude from this what specific training staff had actually undertaken. We shared our findings with the registered manager as we were concerned it would be difficult to determine when staff training needed to be refreshed because clear records were not being kept. The registered manager advised that mandatory training such as safeguarding, moving and handling and first aid, as well as person specific training such as autism and the safe use of an emergency adrenaline device, had been completed by all staff. The registered manager did acknowledge their training records could be clearer. Following the inspection, the registered manager forwarded certificates which showed staff had received this training. They shared with us a training matrix they had devised, following the inspection, in order to better manage and record staff training.

We found some evidence of formal staff supervision. However, there was a lack of evidence to show this took place on a regular basis. The senior specialist childcare practitioner advised they were aware of this and had already identified supervision as an area for improvement. Staff told us they received supervision and all the staff we asked said they felt supported. However, regular supervision could not be evidenced. Furthermore, quality assurance and spot checks of care staff practice were not formalised, although the senior specialist childcare practitioner told us these checks took place. We discussed the benefits of formalising this process in order to continually drive improvements within the service. Ongoing support and supervision for staff is important to ensure competency is maintained.

All the staff we asked told us they felt supported by the registered manager and senior specialist childcare

practitioner. A member of staff told us training and supervision was arranged around the staff member and some training had been held on a Saturday to enable staff to attend. Another staff member told us, "I can just nip down and see them if I need to or can always get in touch with them."

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.

At the time of the inspection, care and support was provided to children and young people aged between four and 16 years so, for most people using the service, their parents had authority to make decisions on their behalf. The MCA applies to people aged 16 and over so mental capacity assessments would be required if staff were making decisions on behalf of a person aged 16 or over, due to them lacking capacity. The registered manager advised they were not making any decisions on behalf of young people but they did consider young people's capacity and empowered young people to make their own choices.

The registered manager and senior specialist childcare practitioner had attended training in relation to the MCA and they understood the principles of the Act and how this may affect the care of young people aged 16 or over. Although staff had not received formal training, the staff we asked understood the principles of the Act. We spoke with the registered manager following the inspection, who confirmed they were sourcing some further training for staff in this area.

We saw consent had been appropriately sought, and contractual agreements had been signed, both in terms of the care and support provided and in relation to information being shared.

Care and support staff did not prepare meals for children and young people, although some staff warmed meals that had been ready prepared by parents. One parent we spoke with told us, "They did offer to make meals but I prepare them anyway. I leave snacks. [Staff] are good at saying no if [Name]'s had too much."

Is the service caring?

Our findings

We asked parents whether staff were caring. One parent we spoke with told us, "Staff are caring. They're patient." A parent told us, "Staff sometimes tell me they've left [Name] on their own in their room. Staff are aware that sometimes people need their own private space and they are respectful of this." Another said, "I'm happy and content with the level of care. The standard of care is good."

A member of staff we spoke with told us, "I love it. It's a pleasure to work with [names]."

Another staff member said, "I love working with the children. It's the best job I've ever had."

A parent told us their child knows the support worker is, "In charge," but that staff aim to make the time they spend with their child fun. We were told staff maintained professional boundaries but provided friendly support.

One parent said, "[Name] and I rate the service highly."

Through the recruitment process, the registered manager explained how potential staff members' values are assessed through a rigorous recruitment process and questioning. The registered manager felt it was important that potential staff members were aware from the outset what would be expected of them in terms of the quality of care to be provided. This helped to ensure staff upheld the values of good quality care.

A staff member described how they tried to promote independence and engage children and young people in tasks. We saw, through the care planning process, this was evident. For example, one care plan stated, '[Name] points to things. Please encourage [Name] to ask for things.'

The staff we asked were able to explain how they would ensure privacy and dignity was maintained, particularly when supporting children and young people with personal care. One staff member told us they ensured curtains were closed. Another told us, "I make sure I don't do it where people can see." All of the parents we spoke with told us they felt staff respected privacy and dignity.

Another staff member said, of providing an individual with personal care, "I talk to [Name]. Tell them what I'm going to do. I make sure they're involved and give them tasks to do, such as passing me things. This really helps to relax [Name] and keeps them occupied whilst I'm assisting them."

We saw an email had been sent to parents in order to share some information. However, the email had been sent in such a way that email addresses were inadvertently shared. This meant personal information had been shared without consent. We spoke with the registered manager about this. They told us they were aware of the issue and this had been addressed, with measures put in place to prevent this from happening again.

A member of staff we spoke with told us they felt the culture of the organisation was one of openness, but also highlighted that people's private and confidential data and information was not shared if it was not appropriate to do so. Private and confidential information was stored securely in the organisation's offices.

Is the service responsive?

Our findings

We asked parents whether they felt the service was flexible in meeting their needs. One parent told us, "Yes, when we asked for a move towards younger carers because we thought this would be more appropriate for [Name], they worked with us and accommodated our need."

All of the parents we asked told us the service was flexible to meet their needs. One parent told us, "They just do it. It's not an effort for them. They're just flexible and will adapt to meet our needs and circumstances." We saw comments from a feedback questionnaire which stated, 'My child's individual needs are always met.'

Children, young people and their parents and carers were involved in reviewing their care plans. The registered manager told us reviews took place each term. Furthermore, information was shared at Child in Need review meetings, which are statutory reviews. Parents told us they were involved in regular reviews. One parent we spoke with told us they were involved in reviewing their child's care plan regularly. We were told, "It's not just a one off annual meeting. It's fluid and ongoing, because [Name]'s needs don't only change once a year and they know that." Another said, "We're involved in reviews and they ask us for our views."

A member of staff we spoke with told us, "They review the care files and ask us for our views. I think that's really good because we're the ones working with the children."

We sampled four care plans. All the care plans we sampled were up to date. Care plans contained a summary, 'All about me,' which provided an overview of what other people liked and admired about the person, what made the person happy and how the person wanted to be supported. Care plans contained information relating to the child or young person's needs, for example, their mobility, personal care, eating and drinking, communication and behaviour. Information was sufficiently detailed to enable staff to provide effective care. For example, where a specific action resulted in a particular type of behaviour, this was clearly documented and staff were given information on actions to take to reduce agitation. Specific phrases were included in care plans which staff should use in certain circumstances. Where distraction techniques were to be used, the plans indicated what actions or phrases would be effective for that particular child or young person.

We found care plans were person-centred and they included information regarding the child or young person's individual likes, dislikes, choices and preferences. One plan we sampled highlighted the young person's favourite activities and preferred television programmes. The plan stated, 'I want someone to put the television onto the programmes I choose.' A staff member we spoke with was aware of this young person's preferences. This showed staff were able to provide person-centred care and support to people.

One of the care plans we sampled highlighted the child's favourite activity and interest when at home. When we spoke with a staff member who supported this child, they were able to explain to us the child's favourite activity and they described how they facilitated this in the home. This showed staff were aware of the

content of care plans and understood the child's needs and wishes. Furthermore, we found the registered manager and senior specialist childcare practitioner were aware of the content of children and young people's care plans and what different people liked and disliked. This was important because the senior specialist childcare practitioner also provided care and support when required.

We saw staff files also contained personal profiles. This included information such as staff members' interests and hobbies. This enabled staff to be appropriately matched with the children and young people they supported.

The parents we asked told us they knew how to complain and they were confident that any concerns raised would be dealt with appropriately. One parent we spoke with told us they had cause to complain about a specific incident. This parent told us the registered manager acted quickly and there was a satisfactory outcome. We saw a letter of apology had been sent to the family and actions had been taken to prevent a recurrence. This showed complaints were managed appropriately and actions were taken when necessary.

Is the service well-led?

Our findings

There was a registered manager in post, who had been registered with the Care Quality Commission since September 2013.

The parents we asked told us they felt the service was well managed. One parent told us, "I'm impressed with how it's all managed."

All of the parents we asked told us they received surveys and questionnaires regularly, requesting feedback. One parent told us, "I always say how fantastic it is."

All the staff we asked told us they felt the service was well led. One staff member said, "I know there have been a lot of changes in the organisation but for us it's been seamless. They manage change very well."

Another staff member said, "We're kept informed of changes and have been invited to meetings." A third member of staff told us, in relation to the management of the organisation, "They're very effective at information sharing. Everyone's as helpful as they can be. Their main priority is the children and their families."

The registered manager told us staff did not always complete daily communication records. We could not find evidence of any daily communication records for 2016 and we discussed this with the registered manager. This had not been actioned through any auditing. We highlighted the importance of keeping these records which could then be used to feed information into reviews, or to highlight any patterns or trends emerging. Without these records it was not possible to evidence that care was being provided according to people's support plans. It is important for staff to record the care and support they are providing. The registered manager agreed to consider this further.

At the time we inspected the registered manager was introducing an audit tool to assist with the auditing of care plans. However, the registered manager acknowledged this had not yet been utilised and, as discussed earlier in this report, we found a care plan which was lacking information relating to risks associated with moving and handling. Quality assurance checks regarding staff conduct and performance were not formalised and recorded. Regular formal staff supervision was not recorded and staff training data was not effectively recorded prior to the inspection. The registered manager told us they were aware audits needed to be more robust and this was an area they were working to develop. However, the examples above demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not have systems and processes in place with which to monitor the safety and quality of the service.

There was potential for staff to develop through the organisation and all the staff we asked told us they felt supported. The senior specialist childcare practitioner had progressed into this role from being a sessional support worker. The registered manager felt supported in their role and they received regular peer support as well as supervision.

During 2015, the registered provider recruited a head of quality and compliance who worked across the whole organisation. The registered manager regularly attended a 'Quality Group.' This was a forum for sharing good practice and information. The registered manager told us they felt better prepared and equipped, in terms of meeting their regulatory requirements, as a result of this support.

We saw appropriate policies and procedures were in place and these were kept up to date and reviewed regularly. These were also shared with staff, who had access to a system that enabled them to view the most up to date policies. Having up to date policies and procedures helps to ensure staff are following the most up to date guidance.

The Chief Executive Officer (CEO) of the organisation had attended some roadshows in which they had shared their vision and priorities and some staff had attended these roadshows. This information was disseminated to staff that were unable to attend. This showed the vision of the organisation was shared with staff at all levels.

The staff we spoke with told us regular staff meetings and group supervision was held. We saw records of these. Items discussed included the outcomes following the previous inspection, changes to regulations and changes to the organisation. This further demonstrated that information was shared with staff.

We saw many 'Thank you' cards displayed and comments from families. These included, 'Thanks! Listening to what [Name] wants to do and helping [Name] to enjoy themselves has been the key to keeping [Name] happy,' and, 'Massive thanks to you for everything. Kids have supported us to come this far and it's all about good leadership which carries through to the team.'

Comments from some evaluation questionnaires included, 'I am totally confident that my child is safe in your care,' and, 'My child's individual needs are always met,' and, 'Any problems are dealt with immediately and professionally.'

We saw evidence the registered manager and Senior Specialist Childcare Practitioner worked collaboratively with other services. For example, staff attended external reviews and statutory meetings in order to share information, such as Child in Need meetings.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not assess, monitor and improve the quality and safety of the service provided through regular audits. The registered provider did not maintain accurate, complete and contemporaneous records. Regulation 17 (1) and (2) (a) (b) (c) (d) (f)