Kids

KIDS (London)

Inspection report

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29 July 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Kids (London) provides short breaks for children with disabilities. This includes engaging in activities with the children in their home or within the community and some personal physical care . The main office for Kids is based in North London although they provide a service across six London boroughs.

This inspection took place on 29 July 2016. At the last inspection on 3 February 2014 the provider was meeting all of the requirements we looked at.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

In general we found that there was a good and a high degree of satisfaction with the way the service worked with children, young people and their families. Relatives and people were confident about staff at the agency and felt able to discuss anything they wished to and staff were thought to be knowledgeable and skilled.

Although overwhelmingly the service cared for children and young people under the age of 18, one person who had just turned 18 also received care and support. The provider had ensured that policies, procedures and information in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were in place. This was to ensure that people who could not make decisions for themselves were protected. It should be noted that the agency would not have responsibility for making applications under either of these pieces of legislation; however, they would have responsibility for ensuring that any decision on DoLS and MCA 2005 were complied with.

People who used the service, children and young people, had a variety of complex support needs and from the four care plans that we looked at we found that the information and guidance provided to staff was clear. Any risks associated with children and young people's care needs were assessed, and the action needed to mitigate against risks was recorded. We found that risk assessments were updated regularly and this included those risks associated with complex care needs and emergency situations.

During our review of care plans we found that the plans were tailored to children and young people's unique and individual needs. Communication and methods of providing care and support were described in care plans and appropriate guidance for each person's needs were in place and were regularly reviewed.

We looked at the training records of all of the 15 staff that provided personal care. Core training had been undertaken and the type of specialised training staff required was tailored to the needs of the children and young people they were supporting. We found that staff appraisals had been carried out annually and monthly staff supervision also occurred.

Staff respected people's privacy and dignity and worked in ways that demonstrated this. From the feedback we had from people and records we looked at, we found that people's preferences had been recorded. Staff worked well to ensure these preferences were respected, and ensured the way they worked was child and young people friendly.

People and relatives were able to complain and told us in almost all cases they felt confident to do so if needed. People could therefore feel that any concerns they had would be listened to.

Most of the relatives of the children and young people who used the service told us that they provided their verbal feedback about the quality of the service to the registered manager and other staff.

We have not identified any breach of regulation as a result of this inspection.

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. Any risks associated with people's needs were assessed, changes to care needs were identified and updated at regular intervals.

Staff recruitment was managed safely with all of the necessary background and employment checks being completed.

Staff had access to the organisational policy and procedure for protection of children and vulnerable adults from abuse. Staff knew how to respond to and report concerns.

When staff needed to assist people with taking medicines in an emergency they were trained to do this safely.

Is the service effective?

Good

The service was effective. Staff supervision and appraisal systems were in place which helped to ensure that staff were well supported and their performance and development were assessed.

Staff training was comprehensive and covered common subjects, for example safeguarding people, as well as specialised training relating to complex conditions which people using the service may experience.

There was information and guidance for staff about the Mental Capacity Act 2005 (MCA).

Staff effectively responded to people's care and support needs, including needs associated with complex physical health conditions and disabilities.

Is the service caring?

Good

The service was caring. The views of people we had contact with showed that the impression people had was of a service which employed caring staff.

The service provided care to a number of children and young people with communication difficulties. We saw a

communication policy that included recommendations on methods that support workers could use. This was further backed up by descriptions in care plans about how best to communicate with each person.

Is the service responsive?

Good

The service was responsive. The people who were using this service each had a care plan. The plans described people's specific needs and reflected each person's lifestyle and preferences for how care was provided, including guidance from families about how support should be provided.

The care plans covered personal, physical, social and emotional support needs. These were updated at regular intervals to ensure that information remained accurate and reflected each person's current and changing support needs.

Is the service well-led?

Good

The service well-led. People were asked regularly for their views, including families, children, young people and staff. This meant that the service took steps to seek views about the quality of the service.

There was no formal system for carrying out surveys which we have recommended the service develop and then publish as a part of a quality assurance system.

Communication between support workers and office based staff was regular and positively benefitted how the service operated.

KIDS (London)

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 provider was given 48 hours' notice because the location provides a domiciliary care service. We carried out a visit to the agency on 29 July 2016. This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has direct experience or interest in caring for a person who used care services.

Prior to our inspection we looked at notifications of significant events that we had received and other communications with the agency. We also requested a PIR (Provider information return) which the service supplied and this gave key information about the service which we reviewed prior to our inspection visit.

As a part of our inspection we spoke to six relatives to ask for their views about the service. We also received feedback from five staff who worked at the service and the registered manager.

We gathered evidence of people's experiences of the service by conversations we had with their relatives and by reviewing other communication that staff had with these people, their families and other care professionals.

As part of this inspection we reviewed four children and young adults care records. We looked at the induction, training and supervision records for all of the staff team. We reviewed other records such as complaints information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

The relatives who we contacted believed the service was safe and that the agency had been professional in selecting staff so they could safely care for their child / young person. People told us "Yes the girl who works here is very good", "They did a risk assessment, I have three different people on 3 different days" and "Sometimes they go out, she (care worker) listens to instructions."

Relatives also told us that the staff were trained to provide support in emergencies. One relative told us a care worker had not yet been trained to provide emergency medicines so they always stayed around when that worker was present. The manager told us that staff would be trained in how to respond if the child suffered an emergency as staff were never permitted to care for a child or young person alone until this takes place.

The service operated safe recruitment procedures. We looked at the recruitment records for six staff who had been employed since our previous inspection. Each member of staff had the required identity verification, disclosure and barring checks (DBS) and references. The references were checked by the human resources officer who contacted referees to discuss the reference provided.

Staff had access to the organisational policy and procedure for protection of children and adults from abuse. As the service provided care and support to children and young people across a number of London boroughs we looked at whether the service knew who to contact if concerns arose. The service had the information to enable this to occur. We noted that no concerns about suspicions of abuse had arisen since our previous inspection.

Staff we either spoke with, or had e mail contact with, all told us they had training about protecting children and young people from abuse and were able to describe the action they would take if a concern arose. It was the policy of the provider to ensure that staff had initial training which was then followed up with periodic refresher training. When we looked at staff training records we found that this was happening for all staff.

People had continuity of care and were usually supported by the same staff. A relative told us there had been a delay when their previous support worker left but that the service had responded and now they had a worker allocated. Staff were assigned to specific families and if a replacement was needed the service only used replacement staff who had all of the necessary training to safely provide the care required.

The service had arrangements in place to deal with emergencies, whether they were due to an individual's needs, staffing shortfalls or other potential emergencies. No one we spoke with told us of any difficulties with having the care staff that their children or young people needed although one person told us they would like more than the two hours a week they currently received. The agency, however, would not be able to do this without authorisation from the funding local authority.

The service was not responsible for obtaining medicines on behalf of anyone using the service. Where

emergency medicines were administered with staff support we found that signed agreements were in place and training had been provided to staff that were permitted to perform this duty. The provider had a policy and procedure in place and the manager was able to talk us through this.

The service provider told us of plans to make further improvements. "A number of national projects are underway to help improve the safety of our services. We have been piloting the NSPCC on-line Safer Recruitment training for our managers and will be looking to roll this out to ensure there is a minimum standard of competence across the business. This will become a core training requirement for all recruiting managers."

Good

Is the service effective?

Our findings

Relatives who we made contact with told us said "Yes she's a very nice young lady (care worker), very hard working and we're very comfortable with her", "She's (care worker) is quite relaxed with her, I don't go out with them, they go out together", and "They took a detailed analysis about my son, the first few times he (care worker) got to know him and I was there."

The provider had a system in place for individual staff supervision. We talked with the manager and a care co coordinator about how staff were supported as most staff worked part time. We were told that staff had monthly supervision which records showed did take place. Staff appraisals were happening on an annual basis

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Although overwhelmingly the service cared for children and young people under the age of 18, one young person had recently turned 18. Records showed that the legal requirement to consider their mental capacity and ability to make decisions was already under discussion and the manager was clear about this needing to take place. No one using the service was subject to the requirements imposed by Deprivation of Liberty safeguards. It should be noted that the agency would not have responsibility for making applications under either of these pieces of legislation as they are not the parent, guardian or next of kin of anyone using it; however, they would have responsibility for ensuring that any decision on the MCA 2005 were complied with. Care staff we spoke with demonstrated a knowledge and understanding of these areas and records showed that training was provided.

With regard to consent to care, relative's told us that staff were "Very vocal with her (their relative), talks to her, look to her eye pointing as that is how she makes her needs known", "they (care workers) will go through what they are doing and try to keep him (their relative) as independent as possible" and "She's (relative) non-verbal but makes it clear she knows what she wants."

The care plans showed that consent to care and support was being obtained from children and young people's families.

The registered manager explained the system used by the provider for both mandatory and optional training courses. We found the mandatory training covered core skills and knowledge for staff. The staff database listed those who had received specific training about specialised care and support needs. The registered manager told us that if a child or young person had needs that required specialised training then only staff who had received this would be used to care for the person. In cases where a relief member of staff might be required to cover for the usual care worker's absence the agency allocated staff who had the

necessary training and skills to provide care safely.

The manager told us that training was given by suitably experienced staff working at the service, external training providers, local authorities and health and social care professionals. This meant that staff were supported to develop the skills and knowledge required to provide the most appropriate care for people. We looked at the training records of 14 staff. We saw that in all cases, mandatory training had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. The staff training records also listed the dates by which refresher training had to be undertaken and this supported the provider's aim to ensure that people were only supported by staff with the necessary skills.

Meals were not prepared by care staff. When staff were required to assist children and young people to eat there was clear guidance provided on how to do this. This was particularly important when children or young people required PEG feeding (feeding via a tube) or support to eat or drink in other ways safely. The families who spoke with us where their child needed this type of support did not have any concerns about the ability of care staff to do this effectively.

The service did not take primary responsibility for ensuring that healthcare needs were addressed. However, the service required that any changes to children or young people's condition observed by staff when caring for someone were reported to their parent or guardian. Care plans showed the provider had obtained the necessary detail about healthcare needs and had provided specific training and guidance to staff about how to provide support to manage these conditions.

Good

Is the service caring?

Our findings

The relatives we contacted believed that staff were caring and respectful, they told us "They have a good relationship we're very comfortable with her", 'She's (care worker) really caring, I'm really happy with the service" and "Yes we requested a male carer' 'we had 3 or 4 different ones in the beginning they came and went, this one has stayed about a year."

Care and office based staff we spoke with all described the work that they do with the children and young people they work with, in caring and compassionate terms.

People's individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. Staff were provided with information about children and young people's unique heritage and had care plan's which described what should be done to respect and involve people in maintaining their individuality and beliefs. In the matching process we found that a staff member's ability to acknowledge and respond to people's cultural and linguistic needs continued to be carefully considered.

The service provided care to some children and young people with significant verbal or written communication difficulties. A clear communication policy was in place that included recommendations on methods that care workers should use during care to maximise their involvement in how they were supported.

Care staff provided support to each family for specific periods of time and usually on a limited number of days each week. Staff were specifically allocated to each family, most of the work they did was to engage with children and young people with activities or provide someone in the family home to provide a short respite for their families. Limited amounts of personal physical care were provided and the feedback from the small number who had this support showed that this was done in a dignified and respectful way. In terms of the dignity and respect that care staff displayed we were told by relatives "Yes anything is discussed and my daughter would say something. She (care worker) is known in my home quite well" and "Definitely a good amount of respect, they ask how can we facilitate things he can't do."

When we looked at care plans we found that children, young people and their relatives, had been involved in as much as possible with decision making and associated health and social care professionals had been involved when relevant. Relatives told us "Yes, discussed with (care coordinator) came to my home to visit me. He will call me to see if everything is fine with my daughter", "Someone came to the house and discussed the care she needed, yes we have a care plan" and "The coordinator came with the carer and we discussed what I wanted."

Children and young people's independence was promoted. Some people were allocated staff to support them to take part in activities. As an example we looked at some care plans which specifically related to children being taken out for activities or providing support at home to enable their parents / guardians to have a break. The service emphasised that children and young people's involvement and development of

their independence was to be encouraged and feedback from relatives showed that they believed this did happen.

Good

Is the service responsive?

Our findings

Relative's we had contact with told us "He (their relative) will tell the carer what he wants and how he is feeling" and "Yes totally she decides what she wants to do with the carer." One relative told us that their child likes swimming but doesn't go at present until the care workers feel more confident about doing this."

The children and young people who were using this service each had a care plan. We looked at the care plans of four of these people. The care plans, for example, covered personal, physical, social and emotional support needs. We found that care plans were unique to the person child or young person the care plan referred to. The plans described people's specific needs and reflected each person's lifestyle and preferences for how care was provided, including the wishes of their family.

Care plans were updated at regular intervals, usually six monthly, to ensure that information remained accurate and reflected each person's current care and support needs. The service reviewed care plans more frequently when a change to care and support needs was identified, or where parents/ guardians requested alterations to how care was provided. For example we looked at a care plan where a child had developed a recent medical condition which required alterations to how their care was provided and the training needed for care workers to respond to this healthcare needs, and signs to look for which indicated that action was needed. The service was responsive to changes required and care plans were signed by the parent or guardian caring for the child.

When we asked relatives about how confident they felt about raising concerns or complaints we were told "'Never had that problem, the first person I contact would be the manager and they are always checking, we do communicate", "I haven't had any problems so far but I'm sure they could help me" and "We just changed to a new one (care worker) good communication with the coordinator and myself." One relative told us "I'm very happy with carer very good they need more availability if carer not well no alternative to cover the job." The relative did not expand on this but we include the comment in this report for the service to consider and also that one relative told us they did not know who to complain to.

We looked at the complaints record and found that one complaint had been made in the last twelve months. This had been responded to. The manager informed us that the focus of positive communication and relationship building with people meant that any queries raised were quickly dealt with and this resulted in people not feeling the need to raise formal complaints, as feedback received from relatives confirmed.

The provider informed us that planned improvements were being made for monitoring and handling complaints as follows: "We will ensure that discussing complaints/comments becomes a routine part of team meetings/supervisions to encourage the wider discussion around improvements needed. We plan to set up a more formal system of capturing and analysing comments and compliments for reporting trends and areas for service improvements."

Staff referred to children, young people and their families who used the service in a polite and respectful

way. The attitudes they displayed, and the commitment to working in partnership with families showed that positive relationship building was seen as a core part of the work that they do. Feedback we received from relatives showed they believed this was the case.

Good

Is the service well-led?

Our findings

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