

Action for Children

# Action for Children

## Inspection report

3 Cubitt Street  
London  
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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

### About the service:

Action for Children Camden provides a short breaks service to children and young people with physical and/or learning disabilities who are living in their family homes. The service provides personal care and support to participate in activities at home and within the local community. At the time of our inspection the service had been providing support to three children.

### People's experience of using this service:

Care and support was person centred. Children's care plans and risk assessments included guidance for staff members about their care and support needs and preferences. They had been reviewed regularly and updated where there were any changes in needs.

Staff had received training about safeguarding and knew how to respond to any allegation or suspicion of harm or abuse.

The service ensured that recruitment of new staff members included checks in relation to their suitability, such as references and criminal records checks. Staff had received training to ensure that they were able to meet the needs of the children they supported. Staff received regular supervision sessions with the registered manager to ensure that they were able to carry out their roles.

Care plans were in place for the children and young people supported by the service. These included guidance for staff on how to provide care and support in accordance with their preferences. Individual risk assessments included information on how to manage and reduce identified risks.

Children and their relatives were involved in decisions about their care. They were able to approve their support workers before they were assigned to them.

Regular surveys of views of the service had taken place. These showed high levels of satisfaction.

Processes were in place to manage and respond to complaints and concerns.

The provider undertook a range of audits to check the quality of care provided. These were reviewed by the management team and actions had been taken to address any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The service was rated Good (Report published 20 April 2017).

### Why we inspected:

This was a planned inspection based on our rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are with our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Action for Children

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by a single inspector.

#### Service and service type

This service is a domiciliary care agency. It provides support and outreach services to children and young people living in their family homes.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We also looked at information we had received about the service since the last inspection, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law. We contacted a local authority commissioner to seek their feedback. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We reviewed a range of records. These included two people's support records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service including policies and procedures and quality assurance management records were also reviewed.

We spoke with two family members of children using the service. We spoke with three staff members including the registered manager, a support worker and the team administrator.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked staff and quality assurance records. We spoke with a representative from a local authority.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had robust safeguarding procedures that were linked to the local authority safeguarding processes.
- Staff members had received children and adult safeguarding training.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.
- There had been no safeguarding concerns since our last inspection.

Assessing risk, safety monitoring and management

- The children and young people using the service had person centred risk assessments. These covered a wide range of identified risks. For example, for mobility, epilepsy, eating and drinking, behaviour and activities at home and in the local community.
- The risk assessments included guidance for staff about how to reduce and manage any risks.
- Family members told us that staff supported their relatives safely.

Staffing and recruitment

- The service had carried out checks to ensure that staff were suitable for the work they were undertaking before they started work. This included reference and criminal records checks. The provider occasionally used agency staff and they had sought information from recruitment agencies about the checks they provided before they agreed to use their staff.
- The children and young people using the service received support from regular staff who they were familiar with. A family member said, "It's always the same person. They get on with [relative] very well."
- Children and young people and their parents were introduced to new staff members before they started work and could decide if they were happy with them.
- A family member told us that they had been involved in deciding if support staff were suitable.
- A family member said that their child's support worker was punctual: "The worker knows that [relative] gets anxious if they are late." The registered manager told us that they asked family members to confirm that staff had worked the hours included on their timesheets. They said, "Staff are rarely late and they always contact the family if they are held up in traffic. If a support worker proved to be unreliable we would not use them again."

Using medicines safely

- At the time of our inspection staff were not supporting anyone to take prescribed medicines.
- The service had a medicines policy and procedure that reflected current best practice guidance.
- The registered manager said that training in the safe administration of medicines would be provided to any

staff member who was required to support a child or young person to take medicines.

#### Preventing and controlling infection

- Staff received training in infection control and food hygiene as part of their induction to working at the service.
- The registered manager told us that personal protective equipment such as disposable gloves and aprons was provided to staff carrying out personal care and food preparation activities.

#### Learning lessons when things go wrong

- There had been no accidents or incidents of concern since our last inspection.
- The provider had a policy and system for acting on any accidents and incidents. The registered manager demonstrated how incident monitoring was used to identify patterns and behaviours. They told us that any accidents or incidents were used to update the risk assessments for the children they supported



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service provided support to children and young people with disabilities and complex support needs.
- The service assessed children and young people's needs and preferences when they started to receive support. These assessments had been regularly reviewed and updated when there were any changes.
- Family members told us they were fully involved in assessments and reviews. Other health and social care professionals had also been invited to review meetings where required.
- Information about individual needs and cultural and other preferences had been included in the care plans of the children and young people using the service.
- Staff assisted children and young people to make choices, for example in relation to the activities that they wished to do. A child using the service sometimes changed their mind about planned activities and their support worker had been responsive to this by suggesting and supporting alternatives.

Staff support: induction, training, skills and experience

- All staff members had received an induction to the service before they started work.
- Staff induction training reflected the outcomes of Every Child Matters (2003). The training also met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff members in health and social care services.
- The provider also delivered 'out of school' activities for children and many of the staff they recruited worked as teachers or teaching assistants in special schools. A programme of training was provided for staff at the beginning of each school holiday.
- The registered manager told us that additional training would always be provided if staff were supporting children with complex needs where required.
- Staff members received regular supervision from the registered manager where they could discuss their work and personal development.
- Staff had access to an out of hours on call service where they could discuss immediate concerns about their work with a manager.
- A staff member told us that the training and support they received was excellent. They said, "I rarely have to call but when I do I am listened to and we always work out a solution."

Supporting people to eat and drink enough to maintain a balanced diet

- When we inspected the family members provided food and drink to the children and young people supported by the service.
- The registered manager told us that staff members sometimes supported children with meals. Information about individual eating and drinking needs and preferences was included in their care plans.

- Some children using the service attended the provider's out of school activities where drinks, meals and snacks were provided. The provider had robust procedures in relation to the provision of healthy foods and avoidance of foods that would be likely to include allergens.
- The registered manager said that training would be provided to any staff member supporting a child with health-related eating and nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care

- Information about the other agencies involved in providing support to children was included in their care records. These included, for example, schools, GPs and other health professionals.
- The provider delivers other services for disabled children and young people, such as play schemes and after school clubs. The registered manager told us that they maintained good links with other children's services within the local authority areas where they worked. This included links with schools, social services, parent's groups and other providers of support for children with disabilities.
- The registered manager had attended meetings and reviews with other providers to ensure that the service was meeting the needs of children and young people.

Supporting people to live healthier lives, access healthcare services and support

- Information about children's healthcare needs was included in their care plans. This included guidance about how specific health needs should be supported. For example, an epilepsy care plan included information about how to recognise a seizure and how to support the child during and following a seizure.
- Children's care plans included details of their health needs, their prescribed medicines and the health professionals involved with their care.
- When we inspected staff were supporting children living with their parents. The registered manager told us that parents or other family members undertook most of the contact with GPs or other professionals. They said that it was important that staff had immediate access to contact details of relevant healthcare providers as they were often supporting children in the community.

Ensuring consent to care and treatment in line with law and guidance

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

- When we inspected the service was supporting children under the age of 16. This meant that the provisions of the MCA did not apply. However, information about capacity to make decisions about their support was included in their care files.
- Parents had signed consent forms to show that they agreed with the support provided by the service.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Information about equality and diversity needs and preferences was included in the care plans for children who used the service.
- The registered manager told us that the service recruited people who could meet the needs of the children and young people they supported. If there were any requests to provide culturally or other specific care needs, they would make efforts to recruit staff who were able to address these.
- A family member said, "They have given [relative] a worker who understands their needs and is able to make sure they are able to do the things they want to do."

Supporting people to express their views and be involved in making decisions about their care

- Information about the communication needs of children who used the service was included in their care plans.
- The care plans included guidance for staff members about how to support individual communication requirements. For example, descriptions of how children supported by the service showed how they consented to care and support through body language and facial expressions.
- Details of the signs that children used to communicate one child used to communicate were included in their care plan.
- The provider had developed pictorial information cards which were available and used by staff working with children with communication impairments.
- Children and their parents had been involved in making decisions about their care. A parent said, "Staff ask about what we and [child] want."

Respecting and promoting people's privacy, dignity and independence

- Information about supporting children's privacy, dignity and independence was included in their care plans. These described what children could do for themselves and the support that they required. They also provided guidance for staff on ensuring that care and support was provided in a respectful way.
- A family member told us that staff spoke with their child in a respectful way and had developed a positive relationship with them.
- The service had policies on privacy, dignity and confidentiality. Staff members were required to demonstrate that they had read and understood these during their induction to working at the service. Regular updates about these policies were provided to staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had systems in place to ensure that the children they supported were the focus of, and central to the processes of care planning, assessment and delivery of care and support.
- The registered manager was committed to ensuring that support was provided in the best way possible for the children and families who used the service. They told us that they did their best to ensure that there was a culture of continuous improvement.
- Information about the aims and objectives of the organisation were regularly circulated to staff and discussed with them during their management supervisions.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Children's care and support plans included information about their communication needs and preferences.
- The service had provided training for staff where the children they were supporting had specific communication needs. Many of the staff recruited by the service already worked with children with communication impairments and had experience and knowledge of using communication systems such as Makaton.
- The service had developed a pictorial card system to enable staff to communicate with the children they supported.
- We saw that the information provided by the service was available in easy read picture-assisted formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported children to participate in social activities according to their preferences.
- Staff supported children to participate in activities outside their home.
- The provider delivered a range of after school, Saturday and holiday activities. These included, arts and crafts, indoor and outdoor play and outings to places of interest. Children receiving this service were able to access these. For example, a child receiving support throughout the weekend was enabled to attend the provider's Saturday activities,

- The registered manager told us that one of the advantages of providing weekend and after school activities was children could develop different relationships outside of school.
- Children receiving support from the service were enabled to participate in activities of their choice. For example, a child liked to visit a museum and this was encouraged and supported.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was available in accessible formats where required.
- A family member told us that they were aware of this and knew what to do if they had a complaint.
- We looked at the service's complaint's records and saw that no complaints had been raised since our last inspection.
- The registered manager told us that complaints and concerns were monitored by the provider and discussed at regular management meetings to identify any changes that may be necessary. For example, a mobile phones policy had been introduced for staff.

#### End of life care and support

- At the time of the inspection no one was receiving end-of-life care.
- The service had policies in relation to supporting children with life limiting conditions.
- The children supported by the service lived at home with their families who would take the lead on end of life care in partnership with the service and other health and social care professionals.
- Information about children's religion and cultural preferences was contained in their care plans if this support was required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was positive about ensuring that children were the focus of, and central to the processes of care planning, assessment and delivery of care and support.
- The registered manager was committed to ensuring that support was provided in the best way possible for the children and families who used the service. They told us that they did their best to ensure that there was a culture of continuous improvement. We saw, for example, that activities were developed in accordance with the needs and preferences of children who used the service.
- Family members told us that they were informed about and involved in discussions about their children's support. A family member said, "The worker adapts things for [child] depending on how they feel on the day. [Child] is always happy when they come home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All new staff received an induction to the service. The induction included information about staff roles and responsibilities and the importance of ensuring that regulatory requirements were met. Information about quality and risk, including updates on good practice was circulated to staff on a regular basis.
- The registered manager had carried out regular quality assurance monitoring of the service. This included reviews of people's support and monitoring of records.
- Regular monitoring of care practice and records had taken place.
- The provider had systems in place to analyse and act on concerns in relation to quality and safety at the service. Information about quality issues and actions were provided to staff on a regular basis. These were discussed with staff during their regular supervision meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual satisfaction surveys of views about the service had taken place. These showed high levels of satisfaction.

- Periodic spot checks of satisfaction with the care and support provided by staff had also taken place.
- A family member told us that they were asked for their views about the service.
- The registered manager said that the service would ensure that surveys and other quality assurance monitoring with children and families would be undertaken in relation to language and other cultural requirements where this was required.

#### Continuous learning and improving care

- The registered manager attended provider meetings where they could discuss and agree actions in relation to service learning and improvements.
- There was a culture of openness and continuous learning within the service. A staff member said, "When I ask for support I get a quick response. It's always helpful." A family member told us that the information that they were asked for their views and encouraged to raise questions and concerns.
- Information received through quality assurance monitoring had led to improvements to the service. For example, the service had developed a policy on healthy foods in relation to concerns about food allergies and intolerance.

#### Working in partnership with others

- The service worked with other health and social care services to ensure that children and families received the support that they needed.
- The registered manager liaised regularly with local schools to ensure that there was a 'joined-up' approach to supporting children receiving the service.