

Action for Children

# Warwickshire disability

## Inspection report

87 Rouncil Lane  
Kenilworth  
CV8 1FN

Tel: 01926864485

Website: [www.actionforchildren.org.uk](http://www.actionforchildren.org.uk)

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## Ratings

### Overall rating for this service

Insufficient evidence to rate

Is the service safe?

**Insufficient evidence to rate**

Is the service effective?

**Insufficient evidence to rate**

Is the service caring?

**Insufficient evidence to rate**

Is the service responsive?

**Insufficient evidence to rate**

Is the service well-led?

**Insufficient evidence to rate**

# Summary of findings

## Overall summary

### About the service

Warwickshire Disability provides personal care to children with a physical and/or learning disability and autistic spectrum disorder in their own homes. At the time of our inspection, only one child was being supported by the service.

### People's experience of using this service and what we found

People were protected from the risk of abuse. Staff understood their safeguarding responsibilities and what action to take to protect people from abuse. Risk assessments and risk management plans were in place to prevent avoidable harm.

The provider had policies and procedures in place to ensure staff had the knowledge and skills they needed, and staff were recruited safely.

Children and their families were involved in planning and consenting to their care.

Systems were in place to identify where improvements to the service might be required.

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

This service was registered with us on 02 September 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the service was registered with CQC.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

Inspected but not rated

Details are in our safe findings below.

**Insufficient evidence to rate**

### **Is the service effective?**

Inspected but not rated

Details are in our effective findings below.

**Insufficient evidence to rate**

### **Is the service caring?**

Inspected but not rated.

Details are in our caring findings below.

**Insufficient evidence to rate**

### **Is the service responsive?**

Inspected but not rated.

Details are in our responsive findings below.

**Insufficient evidence to rate**

### **Is the service well-led?**

Inspected but not rated.

Details are in our well led findings below.

**Insufficient evidence to rate**

# Warwickshire disability

## 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 looked to provide a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

One inspector completed this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to children living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service was small and we wanted to be sure there would be a registered manager available to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two members of staff including the registered manager and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included a care record and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including

policies and procedures were reviewed.

#### After the inspection

We asked for feedback from the person's relative about their experience of the care provided. We contacted a member of staff via email to ask for their feedback.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has not been rated.

### Assessing risk, safety monitoring and management

- Risks to people's health and care had been assessed. Risk mitigation plans and care plans were in place which instructed staff on how they should mitigate risks to people.

### Staffing and recruitment

- Records showed there were enough staff to keep people safe.
- Records showed pre-employment checks had been completed prior to staff commencing their role. This included an enhanced Disclosure and Barring Service [DBS] check.

### Systems and processes to safeguard people from the risk of abuse

- Although there had not been any safeguarding incidents, the registered manager had systems and processes in place to identify, investigate and report any potential safeguarding concerns.
- Staff had received enhanced level 3 safeguarding training in how to protect people from harm.

### Learning lessons when things go wrong

- The provider had a procedure to record accidents and incidents. Staff were required to complete a written record and contact the registered manager for advice if they saw a person had sustained an injury or had an incident.
- The registered manager told us they would complete an audit of any accidents or incidents to prevent the risk of similar events happening again. As there had been no accidents or incidents, we could not assess the effectiveness of these systems.

### Using medicines safely

- At the time of our visit, nobody was being supported to take their medicines. The provider had policies in place for safe medicines management if anyone needed support in the future.
- The registered manager understood any training to support people with their medicines would need to be thorough and updated regularly. They told us they would assess the competency of staff to give medicines safely.

### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date for all of their services.
- Staff knew how to use PPE effectively, as training and procedures were up to date.

# 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.

This is the first inspection for this newly registered service. This key question has not been rated.

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

- The provider had processes in place to ensure people were assessed prior to using the service. This ensured the service was able to meet people's individual needs.

Staff support: induction, training, skills and experience

- The provider had policies and procedures to ensure staff had the appropriate skills and knowledge to support people using the service effectively.
- Records showed staff had received training in key areas, to support them in their role.
- The registered manager confirmed staff had regular meetings with their manager to discuss their performance and development needs.

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

- Staff were not providing support with meal preparation or eating and drinking at the time of our inspection.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- We saw limited evidence where staff had worked with other healthcare professionals to improve health outcomes.

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 their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities around the MCA.
- The provider had procedures in place to direct staff in how they should support children to make decisions, in conjunction with their parents.
- Staff received training and understood the importance of working within the principles of the Act.

# 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.

This is the first inspection for this newly registered service. This key question has not been rated.

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

- We were assured staff treated people with kindness and respect.
- An 'Equality and Diversity' policy was in place and staff received diversity and equality training.

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

- There was a commitment to empowering people to make their own choices about how they lived their life. Where people and their family made a decision, those decisions were respected.

Respecting and promoting people's privacy, dignity and independence

- The registered manager explained children and their families were at the heart of the service. Care plans showed staff should respect people's privacy whilst delivering personal care.
- Independence was promoted, people's personal limitations were considered and supported.



# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has not been rated.

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

- We looked at one care plan and found care plans were person centred and focussed on the individual's specific needs.

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 carer's.

- The registered manager understood their responsibility to present information in a way people could understand.

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 provider did not support anyone who could not access their local community independently.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy to ensure complaints were dealt with appropriately. People were provided with information about who to contact if they had any concerns. However, as no complaints had been received, we were not able to judge the effectiveness of the policy.

# 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.

This is the first inspection for this newly registered service. This key question has not been rated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- Systems and processes were in place to monitor and improve the quality of care provided. However, due to the small number of people who used the service, it was difficult to establish whether these systems would be effective in identifying areas that required improvement.
- The registered manager understood their regulatory responsibilities and knew which statutory notifications they needed to submit to us. However, we had not received a PIR from the provider, following our request. This was due to the low number of people who used the service and the lack of data the provider was able to share with us.
- The registered manager took responsibility for their own learning and sought support from external organisations such as the social care information & learning services.
- There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included management of medicines, safeguarding and the management of accidents and incidents. At the time of our inspection we were unable to assess fully the effectiveness of the policies and procedures due to the limited service being provided.

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

- Staff spoke positively about working at the service. They told us they had regular handover and supervision meetings to maintain their knowledge and skills and keep informed of any changes to people's needs or service.

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 responsibilities under duty of candour and told us they would take responsibility if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Staff felt valued and supported, they told us their manager and the provider was approachable and they felt able to raise any concerns, they felt they would be addressed.