

Core Assets Children's Services Limited

Core Assets Children's Services

Inspection report

Hale Court, Hale Road, Wendover, Buckinghamshire,
HP22 6NJ
Tel: 01296628300

Date of inspection visit: 22 September 2015
Date of publication: 22/10/2015

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 

Overall summary

Core Assets Children's Services provides care and support to children living within their own homes. They provide support to children and young adults up to the age of 25. At the present time, three children were being supported outside of the county.

Core Assets did not currently have a registered manager in place however the service was supported by Core Assets peripatetic manager. An application had been made and the current manager's interview was scheduled for the week 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.

We received extremely positive comments from parents of children who used the service. Parents were complimentary about how the service was run, how staff worked and how invaluable the service was to them and their family.

Summary of findings

Parents told us staff were kind, caring and trustworthy. Staff were able to explain the needs of the children they cared for and how they supported them through child specific training, and how they supported children and parents to be involved in the care provided.

Staff were well trained and supported to undertake their roles. Staff had a clear oversight of their roles and responsibilities in regards to looking after children, including need specific training, and safeguarding of children and adults.

Staff were supported to work autonomously but were provided with support via on call systems, and an accessible intranet service. Staff told us they were supported by a manager who was kind, caring and effective.

Before any care was provided, staff were introduced to the family and child to ensure there was a 'match'. This meant children and families were supported by a staff member who they could trust and get to know well. All children had a named worker and were offered an alternative if their named worker was unable to work.

Regular reviews of support ensured the service had a clear oversight of any changes to the children's needs including the need for professional input, or an increase in the amount of care provided. We saw the service had built up good relationships with health professionals to achieve positive outcomes for the children they supported.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable on their roles and responsibilities around protecting children and adults.

Medicines were managed safely and specific training was provided when required.

Staffing levels reflected the current needs of children who were being supported.

Good



Is the service effective?

The service was effective.

Staff were supported to undertake their roles through effective supervision and training.

The service worked well with health professionals to achieve positive outcomes.

Parents told us their consent was gained before staff undertook any tasks.

Good



Is the service caring?

The service was caring.

Parents were extremely positive about the care provided.

Staff worked in line with and promoted the service's values.

Parents told us the support they received was invaluable.

Good



Is the service responsive?

The service was responsive.

Comprehensive assessments of need were undertaken prior to care commencing.

Staff were 'matched' to the family and child.

Regular reviews of care took place to ensure their current needs were met.

Good



Is the service well-led?

The service was well-led.

Management had a clear oversight of the running of the service.

Staff and parents were complimentary about the management of the service.

Management undertook regular audits of the service to ensure the quality of service provision.

Good



Core Assets Children's Services

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 checked 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.

This inspection took place on the 22 September 2015 and was announced. We checked to see what notifications had been received from the provider since their registration in 2013. Providers are required to inform the CQC of important events which happen within the service. Before the

inspection, we asked the provider to complete 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 received a detailed PIR form from the provider.

The inspection was carried out by an inspector. On the day of our inspection, Core Assets was providing care to three children in their own homes.

We spoke with the current manager; peripatetic manager, two staff and three relatives of people who used the service. We also looked at a commissioner's report from 2014. We also looked at copies of care plans, audits and records relating to the service.

Is the service safe?

Our findings

Appropriate recruitment checks were in place for staff to assess their suitability to work with vulnerable children. All files we looked at contained evidence of Disclosure and Barring checks (DBS), proof of conduct in previous employment and employment histories.

Children who used the service were protected against potential abuse by staff who were trained and knowledgeable of their roles and responsibilities. The service had a clear line of accountability in regards to safeguarding children and a structured procedure in place. Where referrals were required to be made to the local authority, these were done in a time efficient manner. Staff we spoke with were able to clarify what process they would undertake if they had any safeguarding concerns, and who they would report them to. One parent commented "I trust them [staff] completely."

Clear risk assessments were in place in relation to both the child's needs and the environment in which they lived. Risks were highlighted and comments and plans of action were put into place to alleviate the risk where possible, for example, the management of medicines, the use of

equipment and moving and handling risks, and risks associated with any invasive procedures. Risks were regularly reviewed and risk assessments were updated to ensure they were current and appropriate.

Staffing levels were appropriate to the number of children being cared for. Staffing consisted of full time employees and 'casual' workers. Staff and parents told us they felt there were enough staff to meet the child's needs. Management informed us they were constantly recruiting new staff when new care packages were referred to them.

Medicines were managed safely within the service. All staff had received training in medicines management, and further specific training were required, for example administering medicines via a PEG (Percutaneous endoscopic gastrostomy) tube. We saw evidence that medicine records were appropriately maintained and sent back to the office for auditing purposes. Where possible, staff received medicines training from health professionals and were signed off as competent before undertaking any medicine related tasks. Clear guidance was in place for staff if they were not responsible for administering medicines.

The service had a good on call system in place in the event of emergencies. This was undertaken through designated on call persons who were responsible for monitoring and responding to emergencies. We saw this was monitored regularly and was readily available to staff and to families.

Is the service effective?

Our findings

New staff were provided with an induction into the service before undertaking any lone work with children. The induction process consisted of a presentation about their roles and responsibilities, and contained specific training in relation to their roles including moving and handling training, health and safety training, and safeguarding. Each induction provided was specific to the role that the staff member was employed for, for example, caring for children in their homes.

Each staff member was responsible for filling in a 'record of service provision' sheet after each visit. This detailed what had occurred during the session and obtained the child's and parent's feedback were possible. Parents were then left with a copy of the record of service provision sheet for their own records. The original was then returned to the main office where they were audited and archived. This was clear evidence of what had happened at each session including what went well, and what did not go so well. This was then used to feed back into supervision. One parent commented "They always leave us a copy of the recording of the session for us to keep."

Staff were well supervised within the service. Each month staff attended a mixture of one to one supervision sessions and group supervisions. Before supervisions commenced, staff were required to create their own agenda on what they wished to discuss alongside a more formal set agenda. We were informed by the manager that this allowed staff to reflect on their practice and enabled them to engage effectively in their supervisions.

Staff were well trained within the service. All staff received training which was deemed mandatory by the provider. This included training such as safeguarding children, disability training including autism awareness, health and safety, and first aid. Where staff worked with children with specific needs, they were provided with 'child specific' training. For example, on the care and management of PEG

tubes, EPI (Epinephrine Auto-Injector) pens and medicines management. The service worked well with health professionals such as occupational therapists, dietitians and Abbots nurses to ensure staff were trained and deemed competent to undertake the required tasks. All training received was regularly refreshed to ensure staff worked in line with current best practice. Comments from parents included "I am confident in their [staff] ability to look after X. My named staff member is currently undertaking specific training to provide more support to X" and "X [staff member] regularly goes on training courses. I am confident in her ability."

At the time of our inspection, staff were not responsible for the monitoring of children's hydration and nutritional needs however; we saw appropriate policies and procedures were in place if the need arose.

Staff and management were actively involved in liaising with health professionals in regards to the child's care. This included doctors, specialist hospitals such as Great Ormond street, nurses and social workers to ensure best outcomes for the children they supported. This included attending 'children in need' and 'team around the child' meetings where required. We received positive feedback from a commissioner we spoke with prior to the inspection about how the service was run. The service also worked in line with children's legislation and guidance including 'Every child matters' and 'Aiming high.'

Staff told us how they obtained consent from both the parents and child where possible before undertaking any tasks. This meant they ensured they had received consent to undertake tasks and involved parents and children in any decision making processes. One parent told us "They always ask me for permission, for example, this morning X was not out of bed and not had breakfast and Y [staff member] asked if they would like them to do it." Another parent confirmed "They [staff] always ask us for permission."

Is the service caring?

Our findings

Core assets children's services had clear values in place in relation to the way the service operated. The values were "Passionate about realising potential, ambition for children, people matter, safe change and building communities." We found the service, management and staff to be working in line with their key values.

We asked the manager and the peripatetic manager what they thought caring meant, and how they demonstrated caring practice at the heart of the service provided. They told us "It is about remembering that they are children first and foremost and ensuring that they have fun. It's also ensuring the parents are happy with the service provided, we always see the parents as experts of their children and we respect that. We listen to the voice of the parent and child and work with them to make them feel empowered."

We spoke with staff and asked them what they felt constituted caring practice within their roles. One staff member told us "We always have to let the child know what we are doing at every stage whether that's personal care, or going on an outing. We have to make sure the child and their parents are involved in decisions about their care and the service we provide. We have to be open and honest with families and gain their feedback so we can help them to achieve their goals. It's also being respectful in every aspect including the reporting and recording of each session."

One parent told us "I feel very involved with the support that's given. They [staff] are very caring and always do what they need to do. They interact and play with Y and they always treat Y with dignity and respect. It's made a massive difference as I have other responsibilities and I know Y is being looked after by someone who knows Y's needs well. They [staff member] really knows about Y's needs and how she needs to be supported."

Another parent we spoke with told us "X [staff member] knows Y's needs very well and X is always keen to learn more. X is extremely caring towards Y and I trust X completely. It's a really nice relationship and X always has Y's best interests at heart. The support we have received has helped immensely. It's so nice that Y gets that one to one time with X and the support we receive has been beneficial to us all as a family."

A third parent we spoke with told us "X [staff member] has been brilliant. She was so helpful and kind when we had health issues in the family. They [staff members] have almost become part of the family. They are responsible and wonderful. I feel totally at ease with them and with the care they give. They are absolutely caring and extremely supportive not only of Y but of us as a family. I trust them implicitly. We are extremely happy and content with the care provided. The support has been invaluable."

Is the service responsive?

Our findings

Before new staff were able to work with children in their homes, a 'match meeting' was arranged with the parents' permission. This meant the new staff member shadowed an experienced staff member and arranged to meet the child at their home for a formal introduction. This allowed the families and child to get to know the staff member and to ensure there was a good 'match' before the new staff member was allowed to work with the child. One parent commented "We had an assessment and were kept informed of the process. The carer came and visited and we had quite a few meetings before she started working with X. It was very important to have that progressed introduction as X has specific needs. It was also important to gain their trust."

The manager informed us that be-friending sessions often took place to allow the child and the staff member to build a relationship whilst constantly seeking feedback from the family and the child were possible. This meant there was a clear transition period for both the family and the child. Each child was allocated a main staff member who was the sole worker for that particular child. Parents were offered the option to use a second staff member when their main worker was not working. This reduced the disruption and distress for the family and child. One parent commented "The best thing has been that the arrangement has been hassle free and supportive. It's really important I have a named worker to support X to ensure consistency as X has high needs."

Before any care was provided, a comprehensive assessment was undertaken of the child's needs. This was done via a referral form and a visit to the child and parent at their home. From this, a two part care plan was created which was known as a 'service and safety assessment'. These care plans contained comprehensive details on the

nature of the child's disability, important contacts including the involvement of schools, hospitals, family and other professionals and likes, dislikes and daily routines. Families and children were also provided with a 'Children's and young people guide' as to how the service operated, and what service they could expect from Core Assets Children's Service.

Care plans also included details of what tasks were to be undertaken by staff and what tasks the family wished to undertake. Lists of activities were provided including what the child liked to do or didn't like to do. Guidance was provided for staff to recognise when the child was unhappy and how to settle them, for example, where the child was non-verbal and unable to communicate. Sibling's needs were also considered including the potential impact on them and how staff should engage them. Care plans were regularly reviewed and updated accordingly to ensure they reflected the child's current needs.

Regular reviews of care were undertaken and involved the child, staff members; the family and professionals where required to ensure the quality of the service provided and to gain feedback in relation to any improvements or changes which needed to be made. The service tried to complete their reviews at the same time as health professional reviews to ensure minimal disruption to the family. All parents agreed that they felt involved in the care provided to their children.

The service had a clear complaints policy and procedure in place. At the time of our inspection and since opening, no complaints had been received. We saw compliments had been received by family members in regards to the service provided. Parents we spoke with were extremely complimentary about the service. Parents were able to explain how they would raise concerns if they needed to and who they could speak too.

Is the service well-led?

Our findings

We found management had a clear oversight and involvement of the running of the service. Staff we spoke with were complimentary about the support they received from management, including requests to further their development through further training and delegation. One parent commented “The manager has been a breath of fresh air. I have total confidence in her and am very impressed by her management skills.”

One parent commented “The communication is fairly good and I am always kept informed of any changes, for example, my named worker was sick one day. The manager left me a voicemail and sent an email to inform me that my second named worker would be coming that day. I think they [management] are very efficient and responsive.” Another parent commented “The management and senior staff are very efficient.”

Management undertook regular audits in respect of the service which were then further audited by senior management. Audits were comprehensive and clearly outlined any actions which needed to be taken from issues raised through the auditing process. Management were also able to demonstrate how they intended to further improve the services they provided through the use of

audits and feedback. This included the use of telephone calls to parents and professionals. Management were looking at how they could increase the packages of care they provided through liaising with local authorities.

Management and parents were involved in regular reviews of the care provided. Parents we spoke with told us they felt involved in the service and were kept up to date with any changes. We saw evidence of reviews undertaken which included any actions which were highlighted. We looked at the most recent contract monitoring report for a local authority which commissioned care for two children.

The manager had made themselves familiar and were competent in explaining and demonstrating how they met the new regulations and the Care Quality Commissions way of inspecting prior to the inspection. The commission had received appropriate notifications since Core Asset's registration. The manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted.

Core Assets did not currently have a registered manager in place however an application had been made to the Commission. The manager had been supported by a peripatetic manager during the process of registering. We found the manager had sufficient experience and knowledge to run an effective, caring, responsive, safe and well-led service.