

Kids

# KIDS (South Gloucestershire)

## Inspection report

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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: KIDS (South Gloucestershire) provides a short breaks service to children and young people with physical and/or learning disabilities 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 was providing support to 43 children and their families. However, only seven children/young people needed support with personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

Parents told us they were very happy with the support in place and trusted the staff to support their child safely. Comments included, "It is an absolutely brilliant service" and, "My son looks forward to the sessions and going out".

Children, young people and their parents were consulted about what they wanted and needed in respect of the support from KIDS (South Gloucestershire). Each child/young person's support was tailored to their needs and aspirations. Care plans were unique to each individual. Hours of support was agreed with commissioners of the service. There was some shortfall in hours, but this was closely monitored by the service and the commissioners. This was because the service wanted to get the right staff to support the child or young person. Recruitment was ongoing to ensure there were suitable numbers of sessional workers to provide support to existing and new children and young people.

Before sessional workers supported children and young people they went through a thorough recruitment process and induction. There was ongoing training and support for sessional workers. Some sessional workers had other employment during the day and worked and supported the children after school, during the holidays and at weekends. The team had a wealth of experience including nursery staff, teachers, and health and social care professionals.

Staff were knowledgeable about the children they supported and spoke about them really fondly. It was evident the sessional workers had built positive relationships with not only the child but other members of the family. There was good partnership working involving the child, their families and health and social care professionals.

The service was well led and had clear leadership with supportive networks for the staff, the child/young person and their families. Systems were in place to check the quality of the services, which included seeking the views of the young people, parents, and health and social care professionals. Staff were passionate about supporting the child or young person and their family.

#### Rating at last inspection

The last rating for this service was Good (published 09 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## 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 in 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.

# KIDS (South Gloucestershire)

## **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

One inspector completed this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides support to children and young people living in their family homes. At the time of the inspection there were seven children receiving the regulated activity of personal care.

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 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.

Inspection activity started on 28 August and ended on 2 September 2019. We visited the office location on both of these dates.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We looked at records, which included four children/young people's care and medicines records. We checked recruitment, training and supervision records. We looked at a range of records about how the service was managed. We also spoke with the registered manager, the service manager, a care coordinator responsible for short breaks and a senior practitioner.

We telephoned three parents, a young person using the service, four sessional workers that supported the children and a senior practitioner. The purpose of the telephone calls was to seek their views of using or working for the service.

# 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 now remains the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff and sessional workers were very clear on their responsibilities to safeguard children. A sessional worker told us, "It is all about keeping the child/young person safe. I would have no hesitation in reporting any concerns and I know they (office staff) would respond immediately".
- All staff had received training in respect of safeguarding children and young adults.
- 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 individualised risk assessments. These covered a wide range of areas. For example, epilepsy, health conditions, eating and drinking, behaviour and activities at home and in the local community.
- Parents told us they had confidence in the staff to keep their child safe. One parent said, "I would not leave my child with someone we did not trust".
- Sessional workers completed a record of each session. These were rated by the sessional worker from one to five. Where these were rated below three a member of staff from the office rang the worker to discuss their concerns or any risks. Sessional staff confirmed this arrangement telling us, "They are really good at contacting us after a visit". The office staff would review the child's risk assessments and liaise with the parents and other health and social care professionals where needed.
- Sessional workers often work in isolation. There was a lone working policy in place to keep staff safe. Staff had to identify 'a buddy' someone who would notice they had not returned home. This named buddy had the contact details of the on call person. Where staff had no named buddy, they contacted the on call person when they had completed their session to let them know they were safely home.

Staffing and recruitment

- The provider followed safe recruitment practices. Recruitment records showed relevant checks had been completed before staff worked with children or young people. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- The provider had an on-going programme of staff recruitment and retention. They only took on children and young people if they had the capacity.
- Children and young people were allocated a small number of sessional workers depending on the number of hours they were being supported. It was evident this ensured continuity of care and for children/young

people and their families to build positive relationships. Relative's comments included, "We have a regular worker" and, "In two years we have the same two members of staff".

- Staff worked on a one-to-one or two-to-one basis with children/young people they supported.
- A relative said, "We have been given some additional hours. We were hoping this would start in the summer holiday, but they have not found us a suitable worker". They were being kept informed about the situation. It was evident they were very happy with the service being provided and the communication between them as a family and the office staff.

#### Using medicines safely

- There was a medicines policy and procedure that reflected current best practice guidance.
- Training in the safe administration of medicines was provided to any staff or sessional workers who was required to support a child or young person to take medicines. Specialist training from health professionals was also given when required for example, when supporting people with their rescue medication for the management of epilepsy.
- Care plans clearly described the support children or the young person needed in respect of administration of medicines. Parents had consented to the sessional workers assisting in this area where relevant.
- Where people needed support, clear records of the medication given were maintained. These were regularly monitored by the care coordinator.

#### Preventing and controlling infection

- Staff received training in infection control. Disposable gloves and aprons were available for use as required to help reduce the spread of infection. Staff were also provided with a small first aid kit containing wipes and hand sanitizer.

#### Learning lessons when things go wrong

- There had been no accidents or incidents of concern since our last inspection.



# 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 now remained the same.

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 child or young person's needs were thoroughly assessed before they started to receive support from KIDS (South Gloucestershire).
- Assessments included information about their medical conditions, dietary requirements and other aspects of their daily lives. Information was sought from the child, the parents and other health and social care professionals involved.
- As part of the assessment process the care coordinator would visit each child or young person and their families to ascertain their expectations and aspirations. This enabled them to get to know the child or young person and start the process of matching with a sessional worker who had the appropriate skills and expertise.

Staff support: induction, training, skills and experience

- Office staff and sessional workers received a comprehensive induction before they started working or supporting children and young people. Comments included, "I completed the induction over a couple of months as I had to fit this around my day job. It was very thorough" and "Once I completed the induction training then I shadowed a member of staff until confident to work with X (name of child)".
- All staff received regular training and updates. This included safeguarding children, Every Child Matters and other legislation in respect of supporting children. The aim of Every Child Matters programme is to give all children the support they need to: be healthy and stay safe. Staff confirmed they had training in epilepsy, supporting a person with learning disabilities and moving and handling. Staff also received additional training in relation to the support that they were providing. For example, supporting a child using a PEG (tube) feed.
- Office staff and sessional workers received regular supervision a minimum of three per year. This included one face to face meeting, a telephone call and one spot check or observation of their practice. Staff said they felt well supported in their roles. One staff member said, "I like my face to face meetings, would like more but can always phone X (member of the office staff)".
- Staff had received training in supporting conflict and behaviours that may challenge. Staff described their role in supporting children who expressed themselves using behaviours that may challenge. Staff used positive means to support the children, this may be through distraction and changing the activities. This showed the staff were responsive to the children and young people they were supporting.
- In addition, all staff were expected to attend team meetings, which included an element of training and peer group support. These were arranged on an evening as many of the sessional workers were working

during the day in their main employment.

- From talking with the sessional workers, it was evident there was a wealth of expertise and employment backgrounds such as teaching, nursery nurses, social workers and health care professionals. Their experience was valued by the service and the parents.

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

- The child or young person's needs were assessed in relation to eating and drinking in consultation with their parents. This included any risks, allergies or diets needed to ensure good health.
- Training would be provided to any staff member supporting a child with any health-related eating and nutritional need.
- One young person told us how they liked to cook with their sessional worker and it was part of their agreed goals to help with independence. Mostly parents would prepare the meals, although the sessional workers would support the child or young person with eating either in their home or when out in the community if this was needed.

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

- Each child or young person had information within their care plan about who was involved in their care including the contact details of health and social care professionals.
- Parents confirmed that the care coordinator or a representative from KIDS (South Gloucestershire) attended many of the reviews that were held with other health and social care professionals. The care coordinator said that this was really important to keep up to date with any changes and support the child or young person and their family during the care review.
- Staff worked closely with the staff from the children's hospital, the local hospice, schools and other children's community services.

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

- The registered manager and a care coordinator told us, usually parents or other family members organised and supported with health care appointments. However, they would attend if they were asked to support.
- Information about the child or young person's healthcare needs was included in their care plans. This included information about how specific health needs should be supported. Where a child had epilepsy, clear guidance was in place on how to support them during and after a seizure.

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.

- When we inspected, the service was supporting children under the age of 16. This meant that the provisions of the MCA did not apply. Information about how a child was supported to make decisions was included in their care files. One young person told us, "I make choices on what I want to do". A sessional worker told us, "The child/young person always leads the session and tells us what they would like to do".

- Parents had signed consent forms to show that they agreed with the support provided by the service. This included consent to support with intimate and personal care, medicines, going out in the car, taking photographs and applying suntan cream. This was reviewed annually.
- Staff had received training in MCA and other legislation to protect children and young adults.

# 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 now remained the same.

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

- Parents were very positive about the sessional workers that supported their child. Comments included, "X (name of worker) is absolutely brilliant", "They know X (child's name) very well and they look really forward to going out with X (name of worker)", and "Really good bond. It was hard for us as a family to admit we needed help". They said the service was 'a life saver'.
- From talking with parents, sessional workers and the care coordinator it was evident that children and young people were very much treated as unique individuals. Each session was arranged and completed to suit the individual.
- Children were matched with the right staff, it was evident they had built good relationships. One person said, "I look forward to my sessions". A parent said, "My son is full of smiles throughout and is raring to go out and about with X (sessional worker) and another said, "Absolutely lovely, part of the extended family".
- Staff were knowledgeable about the young people they supported. They described how they recognised signs of pain, upset or when they were happy from the child or young person's body language and facial expressions. They also told us about the things the young people liked to do. This was extremely person centred for each person. Sessional workers were evidently very fond of the children/young person and their families.
- Sessional workers described how they had built positive relationships with parents and other members of the household. We were given examples where brothers and sisters joined in with the sessions. We also heard how a sessional worker helped with household tasks whilst a child was resting such as doing the laundry or loading the dishwasher. It was evident this was done to help the parents. Sessional workers also spent time with the parents.

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

- From talking with parents and sessional workers it was evident that the views of the children and young person was sought at the start of each session on what they wanted to do. One young person said, "They give me ideas, but I choose what I want to do". A parent said, their son was treated as an equal.
- Information about how each child/young person communicated was available to enable the sessional workers to understand them in relation to their non-verbal communication. This enabled the child to express themselves and be understood.
- Staff confirmed they always listened to the child or young person to ensure they were consenting to the care and treatment being provided. For example, if a child was upset with the activity then this would be

stopped to ascertain the feelings of the child. An assessment would be carried out to understand what it was about the activity the child was unhappy with.

Respecting and promoting people's privacy, dignity and independence

- There were policies on privacy, dignity and confidentiality. Staff members were required to demonstrate that they had read and understood these during their induction.
- From talking with parents, it was evident the sessional workers were respectful when in their home. Comments included, "Always polite, cannot fault them".
- Care plans included what a child could do or where they needed help. Children and young people were encouraged to be independent. A parent said, "It's great X (son) has learnt so much but it is done so subtly that it is not a chore. They have fun". Another parent said their son had grown in confidence, which was not only noticeable at home but in school.
- Parents confirmed new members of staff were slowly introduced to their child enabling them to get to know them and the family. They told us this was important as enabled them to build confidence in the new member of staff.
- From talking with parents and sessional workers it was evident children and young people were spoken to in an appropriate manner. A parent told us, "It was really good to see that he was supported as a young teenager doing things that any teenage would do such as X box or going to the cinema".
- Activities were age appropriate and were varied to suit the young person depending on their interests. For example, one young person's care plan clearly stated they did not like busy environments. This was confirmed in conversations with their parent and what the sessional worker told us they did with the young person. They told us they avoided busy places and planned trips to lots of open green spaces, which the young person enjoyed.

# 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 now remained the same.

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

- Each child or young person had a very individualised person-centred care plan describing how they wanted to be supported and the outcomes. For example, going swimming, cinema or a specific skill such as learning to cook or sensory play. It included the activity but also the outcome, for example to develop fine motor movement or more independence in a particular area.
- Care plans included information about individual preferences, communication needs, personal care support, mobility and preferred activities. It was evident the views of the parents and young person were sought on how they wanted to be supported.
- Care plans were regularly reviewed and updated where there were any changes in a child's support needs. Information about changes had been communicated to staff. Family members had been involved in reviews of their son or daughter's care and support.
- Staff recorded electronically a summary of each session with each child or young person. This provided information about the activities staff had supported the child to do and whether this had been successful. The records viewed were comprehensive and linked with what had been agreed within the child's care plan. Parents had access to their child's records.
- Sessional workers clearly understood what each child or young person liked to do. One sessional worker said, "I might sing nursery rhymes with one child, or role play and the next session with another child may be painting nails and going to the cinema".

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, young people and their parents were provided with an information pack which provided them with essential information about the service. Information was made available in an accessible format dependent upon their needs.

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

- It was very evident that this was an important area for both the young people and their families. Sessional workers supported both the child and their family to develop links with the community to avoid isolation.

One sessional worker said, "Whenever we visit we spend time with the child's parents and on occasions their siblings". They showed empathy for the parent in supporting a disabled child and the isolation that they may feel.

- Part of the service was giving parents 'a time for you'. This enabled them to do the things they may find difficult when having a disabled child. Feedback about these visits was positive as it enabled them to recharge their batteries, spend time with siblings, partners or extended family.
- We heard examples where some parents found doing some activities difficult. For example, how one young person wanted to go swimming and another gymnastics. These young people may not have experienced this activity had it not been for their sessional workers. We heard about how children had participated in pop up theatres, attended art clubs, cubs and other group activities. It was evident these activities had not only increased the child's confidence, but also enabled them to learn and build on their abilities and gain new skills such as playing with others, taking turns and increased dexterity.
- Feedback from a commissioner was positive in respect of the service and outcomes for the young people. They said KIDS (South Gloucestershire) provided good outcomes for children and young people. This included opportunities to experience different social settings, an increase in confidence and social skills and the chance to meet new people. They said feedback from families overall had informed them that KIDS (South Gloucestershire) was producing an excellent and caring service.

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

- Parents told us they knew how to complain and would speak with the care coordinator, office staff or the registered manager. Everyone we spoke with said they had no concerns.
- There had been no complaints raised since the last inspection. A complaints procedure was in place that clearly described how the service would respond to any concerns.

#### End of life care and support

- The children and young people 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.

# 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 now remained the same.

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

- KIDS (South Gloucestershire) values and philosophy were clearly explained to staff through their induction and training.
- There was a positive culture where children, families and staff felt included and consulted. A parent told us, "All the staff are amazing, they are caring and really dedicated to support the young people and their families." A sessional worker said, "It is brilliant so rewarding not just helping the child but the parents who do an amazing job".
- All staff told us they felt supported and enjoyed their work. They described a service that was not only caring towards the children but each other as staff. Comments included, "Love it, it is fun and very rewarding working alongside young people", and "Any problems can always talk to a care coordinator or the registered manager". They also told us there was an on call help line they could go for advice and support 24/7.
- The care coordinator said, "I am so proud of the work we do and all the staff. All the staff are caring and passionate and often go over and above to support the children and their families". Examples included, staying later to help the parent, or changing times to suit the family and the really good relationships they had built with the children and their families. There were also examples where the child had developed, flourished and was more confident because of the support from KIDS (South Gloucestershire).

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 and care coordinator were clear about their responsibilities for reporting to the CQC and the regulatory requirements of their role.
- Risks were clearly identified, and action taken to keep children and young people safe. These were routinely reviewed to look for any themes. Staff alerted the office to any concerns about sessions. The office staff then contacted the sessional worker and the family to discuss.
- Parents confirmed they were kept informed about any changes about the service. They were also involved in care reviews. They were involved in making decisions about the delivery of care and the sessional worker involved in the care of their child. A parent said, "In two years they have only cancelled once, and this was rearranged". They fully understood the reason for the cancellation and said, "It could not be helped".

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



#### regulatory requirements

- Six staff were permanently employed and based in the office. Each had a specific role and had a combination of office hours and supporting children and young people. In addition, to the short breaks there was a small team that supported young people with 'play and leisure', organising social groups such as relationships and sexuality group, a youth club or play schemes during the summer holidays.
- The registered manager was responsible for other children's services in the area. However, it was clear from talking with the office staff that they felt supported in their role and were empowered.
- There were some management changes planned for later in the year. A comprehensive plan had been devised to ensure a smooth handover to a new care coordinator and the previous registered manager who was returning after a period of leave.
- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the care coordinator, the registered manager and provider. There was a central team in addition that would ensure ongoing compliance of the service.
- Regular reports were provided to the local commissioners detailing the hours of support, any missed or cancelled calls and other information relevant to the service. In addition, face to face meetings were held to enable commissioners to monitor the service.

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

- Children, young people and their families' views were sought through an annual survey, spot checks of the workers and annual care reviews. There was a process of 'what you said, we did' with feedback given to people about the improvements that were planned.
- The assessment of the young people included gathering information about their cultural, religious background and disabilities. It was evident that no child would be discriminated against on these grounds.

#### Continuous learning and improving care

- The registered manager and the care coordinators attended regular regional meetings where they could share ideas, discuss and agree actions in relation to service learning and improvements.
- There was a service development plan looking at how the service could grow and respond to the needs of the local community and children and young people that were receiving a service.
- All staff had access to the provider's online forum which was used to share information and provide a platform for general discussions about working practice. Staff were able to access policies and procedures and information to enable them to do their job effectively.
- There were a variety of working groups organised by KIDS nationally which some staff from the office attended and participated in such as improvements in record keeping.
- We found improvements were needed to ensure it was clear what training staff had completed and who needed what. The registered manager showed us a new spreadsheet that was being updated to show what staff training had been completed and when it was next due. This was colour coded for ease of monitoring and alerting the registered manager.

#### 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. It was evident sessional workers consulted parents and the young person to ensure positive outcomes.
- Feedback from a commissioner was positive in respect of communication between them and the service. They said KIDS (South Gloucestershire) was responsive and well led, with good outcomes for children and young people. This included opportunities to experience different social settings, an increase in confidence and social skills and the chance to meet new people.

