

Kids

# KIDS (West Midlands)

## 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

This inspection took place on 22 June 2016. This was an announced inspection.

At the time of our last inspection in April 2014, KIDS (West Midlands) was found to be meeting all of the essential standards relating to the quality and safety of care.

KIDS (West Midlands) is a small domiciliary care agency that provides support and personal care to children and young adults with physical and/or learning disabilities and their families in their own homes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The service was safe because people were protected from the risk of abuse and avoidable harm and staff were aware of the processes they needed to follow. People were also supported by enough members of staff who took the time to get to know them. We also found that where required, people were supported to have their medicines as prescribed.

The service was effective because people received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively. People received care and support with their consent, where possible, and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's dietary needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed. People were also supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was caring because people were supported by staff that were kind and caring. People received the care they wanted based on their personal preferences, likes and dislikes because staff were dedicated and committed to getting to know people well. People were also cared for by staff who protected their privacy and dignity and respected them as individuals. People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

The service was responsive because people and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand. People were also encouraged to offer feedback on the quality of the service and knew how to complain.

People were actively encouraged and supported by staff to engage in activities that they enjoyed and the

provider ensured that the entire family were involved and received the care and support they needed.

The service was consistently well led because the registered manager had quality monitoring processes in place to identify and address areas for improvement. Staff felt supported and appreciated in their work and reported KIDS (West Midlands) to have an open and honest leadership culture.

## 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.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members, who had been safely recruited.

People received their prescribed medicines as required.

### Is the service effective?

Good ●

The service was effective

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible, and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's dietary needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring.

People received the care they wanted based on their personal preferences, likes and dislikes because staff were dedicated and committed to getting to know them.

People were cared for by staff who protected their privacy and dignity

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were actively encouraged and supported by staff to engage in activities that they enjoyed.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

### Is the service well-led?

Good ●

The service was well led.

The provider had effective quality monitoring systems and processes in place, to identify and address areas for improvement.

Everyone we spoke with were consistently positive about the registered manager and staff felt supported and appreciated in their work. Staff reported KIDS (West Midlands) to have an open and honest leadership culture.

# KIDS (West Midlands)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection. We gave the provider 48 hours' notice to let them know we would be visiting the service, because we needed to ensure someone would be available at the office. The inspection took place on 22 June 2016 and was conducted by one inspector.

Before the inspection, the provider completed 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 any improvements they plan to make.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also received feedback from the local authority with their views about the service provided to people by KIDS (West Midlands).

During our inspection, we spoke with the parents of three children to see what they thought of the care and support they were receiving from KIDS (West Midlands). We spoke with three members of staff including the registered manager and two support workers. We visited the office location and reviewed the care records of three people, to see how their care was planned and recorded. We looked at training records for the staff that worked for the provider and at two staff files to look at recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including feedback surveys and reviews, audits, compliments and complaints as well as the policies and procedures for the service.

# Is the service safe?

## Our findings

Everyone we spoke with told us that they were happy with the care and support they received from KIDS (West Midlands) and they were satisfied that people were kept safe. One parent told us, "They [staff] are very good and definitely safe". Another parent said, "I know they [children] are definitely safe because she [staff] is a mother herself and she reports everything back to me".

Everyone we spoke with felt that the provider promoted the safety of people. One parent told us, "They are very mindful of safeguarding; [staff member's name] is very observant and quick to notice anything; if there was a scratch behind his [child] ear she [staff] would tell me about it". Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We do a lot of training on safeguarding and child protection; we look at what types of abuse there are and we are encouraged to talk to and listen to the child; we report any concerns to our supervisor or manager straight away". Another staff member said, "There are different types of abuse, emotional, physical, neglect; you find out from listening to the child, looking for any changes or sometimes through pretend play or you may see marks on their bodies from non-accidental injuries. I would report it straight away to the manager or directly to safeguarding if needs be". We saw posters were displayed on the walls at the office location to remind staff and visitors about safeguarding procedures and visitors were given an information leaflet upon entering the building. Records we looked at showed that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. Information we hold about the provider showed us that there had not been any safeguarding concerns relating to people using this service directly. However, the registered manager was able to demonstrate their reporting processes by showing us the alerts they had sent to the local safeguarding authority in other parts of the organisation.

Staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. One member of staff told us, "We get to know the children very well including any health risks they have and the support they need. For example, [child's name] is at risk of choking, so I follow the oral motor programme that the Speech and Language Therapist has provided for us to help him, and I always make sure he is sat up right when he is eating with constant supervision and I remind him to chew properly". Another member of staff said, "We have lots of information in the care plans and risk assessments about what the children need and how we need to support them to keep them safe". Records we looked at showed that people had detailed risk assessments in their care files and these were specific to their health related care needs. We also saw examples in the break reviews (daily reports that staff complete after each visit or 'break') where staff have responded appropriately in emergency situations and these were in keeping with the child's care plans and risks assessments.

Everyone we spoke with told us they thought there was always enough staff available to meet people's needs. One parent told us, "They [staff] are a god send, I don't know what I would do without them; we have one regular support worker but they have just started to introduce a 'relief' one now to cover any holidays or absence, which is going really well,". Staff we spoke with did not raise any concerns about the staffing levels

within the service. One member of staff told us, "We have regular work which is set out in the children's care plans but we can work flexibly to any changes in routines but we cover all our own 'breaks' (visits) where we can". The registered manager told us that they were sufficiently staffed and that some of the staff work in other parts of the service too. They told us that this offered consistency to the children they work with in other areas, such as in the community activity groups and support groups.

We were told that most of the children's parents' took responsibility for managing and administering their medicines, but some staff had received training on safe administration and management of medicines. We were told that this was in case they needed to administer any emergency medications during the breaks or in the absence of a parent. One member of staff we spoke with told us, "I don't support with [child's name] medication routinely, but I would if I had to". Another member of staff said, "[child's name] mom generally takes care of his medication, but if we are out and he needs his inhaler for example, I am confident that I know what I need to do, it is all written down in his care file and we have training". The registered manager told us that not all staff had received this training as it was based on whether the child they support required assistance with their medication. However, they acknowledged that it would be a useful for all staff to undertake this as a safeguard to safe medication management.

Staff we spoke with told us they had completed a range of pre-employment checks before working unsupervised. We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.



# Is the service effective?

## Our findings

Everyone we spoke with and records showed that the staff that provided care had the knowledge and skills they required to do their job. One parent told us, "They [staff] definitely have the right skills and knowledge, they are really good". Another parent said, "She [staff] is very good at her job, she assesses and analyses things and knows exactly what to do and what they [children] need". One member of staff we spoke with said, "We do lots of training including additional training as well if we need to, based on specific health conditions and the needs of the children we support". The registered manager told us that they used an electronic system that recorded all of the training that staff had completed and that this system was linked to the care records system. This meant that only staff that had the relevant knowledge, skills and training could be matched up to a child based on their health and care needs. If additional care needs arose, then the system would also alert the registered manager to inform them of the relevant training available for the staff to undertake.

The registered manager told us that staff were expected to undertake annual refreshers of the core training topics and that any training needs were discussed at staff supervision sessions which took place at least once every three months. Staff we spoke with and records we looked corroborated this and showed us that the provider offered regular supervision to staff. Staff told us they felt supported in their jobs. One member of staff said, "We are very supported; I have regular supervision and they [management] are always around to speak to if we need anything". Another member of staff said, "I have supervision and I can always ask about anything at any time". We saw that the management team also facilitated spot checks and frequently asked for feedback from people who used the service on the care that was being provided by the staff. The registered manager told us, "Parents and children are also encouraged to write sessional break reviews [daily reports] on the system and are asked to rate sessions; any low ratings are flagged up and the system alerts us [management team] so we can follow this up with the families and the staff".

It was evident when speaking to the registered manager and the staff they had an understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 provides a legal framework for making particular decisions on behalf of people who are over the age of 18 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.

Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "We ask the parents and the children for their permission before doing anything; I always listen and respect their decisions". Another member of staff said, "It is important that we talk to the children and ask their permission". They gave us an example whereby a child asked them to rub their feet and the staff member told us, "I do baby massage and we always ask the child if it's ok for me to touch them, so I said [child's name] do you give me permission to rub your feet before I started". However, it was not always clear from the records we looked at that the provider had taken in to consideration people's capacity to make decisions and the processes they had followed to make decisions

on behalf of people in their best interests. For example, one person who was over the age of 18 had a care plan that stated they were not allowed to drink alcohol when out with a group. However, it did not identify what this person's level of capacity was to make an informed decision as to whether they wanted to consume alcohol or not, what the risks were and who had been involved in making this decision. Nevertheless, we found that both the provider and the staff were able to articulate the rationale for why certain decisions had been made and the processes they had followed. These included liaising with health and social care professionals as well as people's representatives to make best interest decisions. However, the provider recognised the importance of recording these processes formally to ensure that they can evidence that they are protecting the rights of people they provide care for lawfully. The registered manager told us that the Head of Quality and Performance was taking a lead role in developing the legalities around this area of practice, including the recording of formal capacity assessments, best interest decisions and care planning.

The MCA (2005) also requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment and to notify the local authority, who will in turn submit an application to a 'supervisory body' known as the court of protection, for the authority to deprive of a person's of their liberty in order to keep them safe, for example. In community services this is referred to as a Court of Protection order. The provider was able to articulate their understanding of DoLS and was aware of their responsibilities within a community service. There were no applications in process or authorisations in place at the time of our inspection because people were either under the age of 18 or had the autonomy to move around freely, either with or without the support of staff.

People we spoke with were happy with the support that staff provided at meal times. One parent we spoke with told us, "I normally sort out the meals but they [staff] will cut it up and support [child's name] to eat; she [staff] is aware of all the risks". They said, "She [staff] also cooks on a Tuesday with [child's name], which they enjoy". Another parent we spoke with said, "She [staff] always asks them [children] what they want to eat and they help her to prepare it; she has supported them to be more independent now, it's really good". Staff we spoke with also told us that they prepared some of the meals and that where possible; they encouraged people to join in with meal planning and preparation to ensure they had the food that they enjoyed.

We saw that nutritional risk assessments and care plans were in place for people. These detailed people's specific needs and risks in relation to their diet and people were encouraged to maintain a healthy balanced diet and physical fitness. For example, we saw that one person enjoyed going to the café for a cooked breakfast. This had been incorporated in to a healthy living plan to ensure that they maintained a healthy balanced diet whilst still doing the things that they enjoyed.

We found that people were supported to access doctors and other health and social care professionals as required and to attend any appointments as necessary. A parent we spoke with told us, "If we need to go anywhere like to appointments or things, the staff are very flexible with re-arranging the sessional breaks or supporting us if we need it". Another parent said, "They [staff] are aware of the recommendations that the different professionals have made like SALT [Speech and Language Therapist] and they follow these". Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments as required.

## Is the service caring?

### Our findings

People we spoke with were consistently positive about the caring approach of the service and the individual staff members. One parent we spoke with said, "They [staff] are so nice". They said, "The kids really like her [staff], they are always asking her to play with them and they look forward to seeing her". Another parent told us, "She [staff] is very good and very nice, she takes her time with the children, she assesses and analyses how they communicate and how she can help them. She has taught them to be more independent with brushing their hair and cleaning their teeth; she is very good".

It was evident from speaking with the parents, staff and from looking at the care records, that the staff had developed positive relationships with people and that people felt comfortable in their presence. One parent said, "We have been matched up to our support worker really well, we just clicked. She is such a big help, things aren't so bad anymore now she is here, and it's a God send". Another parent said, "She [staff] looks after the children, but she supports me too".

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. One member of staff said, "We get to know the children and their families really well which helps us to build a rapport. We get to know what they enjoy doing and what they need". Another member of staff said, "We get to know the entire family". Records we looked at showed that people had personal profiles that detailed what they liked, disliked, personal preferences and information about the people that were important to them. We also found that where there were other children within the family, the provider had also ensured that these children had their own care plans and risk assessments to help the support workers to protect and keep them safe and meet their needs too. One parent told us that this was very important to them as it meant that the siblings did not feel left out and they could spend time as a family with the support they needed.

During the inspection, we found that staff adapted their communication and interaction skills in accordance to the needs of people. For example, we saw that some staff had received training in sign language. This enabled staff to ensure people were involved in their care. Everyone we spoke with told us and care files we looked at showed us that staff ensured that people were involved in making choices and decisions about their care and that where possible, care was provided to people with their consent. One member of staff told us, "We always ask the children what they want and give them choices; some of them can't speak to you but we still give them choices by showing them and they point to what they want". Another member of staff said, "We always speak to the parents and ask them what they want and need from the break [visit], like if there is anything in particular they want us to do, we are also flexible and can work around what they need, so we might add hours together so we can go out for the day or a break may be cancelled if they don't need us and we will re-arrange it; they can sort it all out themselves online too".

We saw that people were encouraged to offer feedback on each of the breaks [visits] they received and one parent told us, "We have our own log in details and we can write a review on how the break [visit] has gone and we can rate it too". They also said, "We have reviews as well with the manager and other professionals

to make sure the breaks are meeting our needs or if anything needs to change". One member of staff said, "The reviews are good because it's an opportunity to discuss how things are going and make any changes; the children are involved too and they [provider] are looking at developing storytelling to help the children to give feedback in other ways too".

During our inspection, we found that people were encouraged to maintain their individuality and independence. For example, we were told how one member of staff had taught the children to brush their hair and teeth. Another parent told us, "It's great, she [staff] is teaching [child's name] to be more independent; she knows her own mind now and asks for things herself". A member of staff we spoke with said, "It's important to encourage the children to do as much as they can for themselves and teach them life skills; obviously we have to be mindful of the risks but we still have to give them some independence, like [child's name] loves to walk so I make sure he has his helmet on, the correct footwear and I supervise him but he still has a go".

Everyone we spoke with told us that staff treated people with dignity and respect and staff we spoke with were able to explain how they respected people's privacy. One parent said, "They are really strict on privacy and dignity, it seems odd to us as parents because we just think, they are children of course you can help them in the bath or on the toilet, but I guess it's part of the job and they have to be so careful, but they [staff] always ask before they go in to the bathroom and support them". One member of staff said, "We respect the children's privacy and dignity, we have a lot of conversations about respecting their personal space and them giving us permission to help them; I would always ask if they need help using the toilet, I would never assume it's ok for me to just go in, even if they are children". Another member of staff told us, "[Child's name] wears a nappy and I know she prefers her mom to change it for her, so if she needs it changing and I know her mom is due back I will give her the choice, but even if it's desperate, I will always ask her and explain why I need to change it for her". We also found that staff treated people as individuals and respected their different needs. One parent said, "We don't really have any cultural or religious needs but I do feel like they [staff] know us as a family and respect our values". A member of staff told us, "I think it's more than religion or culture, people have their own ways of bringing up their children and that is individual to them as parents and families, so we respect that". Another member of staff said, "We have to be mindful of budgets and things when planning to do things with the children because all families have different financial needs, so I will take packed lunches and go to the park, for example".

## Is the service responsive?

### Our findings

We found that people and/or their representatives were consulted about their care; this ensured that people received the care they needed in the way they wanted it. We saw that staff had spoken to people about the service and engaged in conversations about whether they were happy or if they wanted anything in their care plans to be changed. We also saw that the provider facilitated spot checks whereby they observed the staff in practice and families were asked for their feedback on the quality of the care they were receiving. This was also an opportunity for the families to discuss the sessional breaks with the staff and the provider to make sure everyone was happy with the care and service they were receiving. One parent told us, "They pop in every now and again to see how things are and they call us from time to time, we also have reviews". The registered manager told us that they also used a pictorial feedback form to get the views of children and that the form was currently under consultation with children and their families to produce a more standardised form that was the most effective. The provider was also looking at other creative ways of gaining feedback from the children including, 'storytelling' which would also be introduced in to care reviews.

We found that people were supported to engage in activities that they enjoyed. One parent told us, "They [children] love her [staff] and they are always asking her to play with them, she knows what they enjoy". Staff we spoke with were able to tell us what the children enjoyed doing and how they liked to spend their time, which reflected the information recorded in the care plans. One member of staff said, "I have a bag full of things that I know she [child] enjoys, she loves to empty the bag and put them away again; she also loves singing and dancing and watching Cbeebies; we are never short of things to do".

We saw that the provider had a complaints procedure in place and the registered manager was aware of their roles and responsibilities in managing complaints. They told us that there were no outstanding complaints and everyone we spoke with told us they knew how to complain. One parent said, "I have never had to complain; but if I did I would speak to the manager, I have the telephone number". Another parent said, "I have never had to complain but there are lots of ways you can; you can complain online or you can call the manager".

## Is the service well-led?

### Our findings

The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had ensured that information that they were legally obliged to tell us, and other external organisations, such as the local authority, was passed on. The provider was working collaboratively with other external agencies.

During our inspection, we found that the provider had quality monitoring systems in place such as feedback surveys and spot check meetings, a rating review system and short break audits. We also found that the registered manager had implemented an annual improvement plan based on the feedback and outcome of the quality monitoring processes which evidenced and evaluated improvements that had been implemented to date. These included, training reviews, supervision practices and care plan reviews.

On a wider scale, we saw that the provider had recently undertaken a large consultation with service users and staff, about what KIDS as an organisation meant to them and they reviewed the values and ethos of the company together. This led to a bottom up improvement strategy which involved the young people and their families, who used the service. The registered manager told us that the new visions and values that came from this consultation were launched through various road shows and have enabled people to come together and develop 'circles of support' to give support and friendship to each other. This service user involvement was something that the registered manager continued to promote within KIDS (West Midlands) and was evident through the quality monitoring systems and processes we saw.

Everyone we spoke with told us that there was always someone available to offer help, advice or support when they needed it and that the management team were approachable and accessible. One parent we spoke with said, "She [service manager] is lovely, they get back to you very quickly are always keen to help in any way they can". Staff we spoke with told us that the registered manager had consistently supported and encouraged them. One member of staff said, "She is a brilliant manager [service manager], I have regular supervision and she is always around to speak to". Another member of staff said, "We had a bit of a time where there was no manager but it is so much better now, it's very stable and supportive; I can't fault it at all". We found there was a clear leadership structure within the service which had developed and sustained a positive, person-centred culture. We were told that each area had a service manager, senior or a co-ordinator that offered support and advice to staff and families within that location and that these members of staff were overseen and supported by the registered manager.

Whistle blowing is a term used when someone who works for an organisation raises concerns about malpractice, illegality or risks to peoples' safety, for example. The whistle-blowing policy protects workers from fear of workplace reprisal when they raise such concerns. Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were actively encouraged to raise any concerns. They told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to. One member of staff told us, "I know about whistle-blowing; it is more important to say something than to sit on information; I feel confident to report anything either

directly to the manager or I would go higher if I needed to or report it to you [CQC]". The registered manager told us that they were confident that staff would feel comfortable to raise any concerns with them but they also ensured that all staff were aware of the whistle-blowing policy that was in place. Information we hold about the service showed that no whistle-blowing concerns had been raised.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice. They said, "I like to speak to people and I want to make sure people are happy and reassured that they are getting the right support, even when we send surveys out, I like to take them face to face, explain and speak to people about it and then leave it with them to complete, I think it shows that we are interested and take it very seriously". They told us that they had not received any formal complaints but any feedback or concerns they receive are taken very seriously and acted upon.