

Special Kids Care Agency Limited

Special Kids Care Agency

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

We carried out an announced inspection on 22 April 2016 and made telephone calls to people who used the service and staff on 28 April 2016.

Special Kids Care Agency is a community based service providing home care support to children and young people living in their own homes. At the time of the inspection, there were thirty children and young adults being supported by the service.

The service had a registered manager. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. Staff knew how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff. Staff felt that they were given the opportunity to get to know the people they supported as well as the families. Relatives we spoke with felt comfortable with the care staff supporting their children.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices. Care plans were adapted around school routines and holidays.

The provider had a formal process for handling complaints and concerns. They encouraged feedback and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

Is the service caring?

Good ●

The service was caring

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

Staff responded to people's changing needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints

Is the service well-led?

Good ●

The service was well-led.

The provider was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly to assess the quality of the service.

People and relatives were encouraged to give feedback on their experiences to further improve the service.

Special Kids Care Agency

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 inspection took place over two days on the 22 April 2016, when we visited the provider's office. On 28 April 2016 we carried out telephone interviews with staff, and relatives of people who use the service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector from the Care Quality Commission.

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 improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with one of the directors who was managing the office in the absence of the registered manager. We also spoke with three care staff and relatives of two children who used the service and one young adult who also used the service. We looked at the care records of five people and the recruitment and training records for five care staff. We reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

Relatives felt that the service received by Special Kids Care Agency kept their children safe. They said, "[relative] is definitely safe." And that they "have not once had any concerns" with the support that was being provided. Another relative said that they had, "No worries" when it came to the safety of their child. A person using the service also stated that they, "have always felt safe" around the staff that supported them.

Staff we spoke with told us that they were encouraged to raise concerns. A member of staff said, "When I joined it was one of the first things they said. They encourage us to raise things." Staff told us that they felt comfortable speaking with the registered manager or office staff if they had any concerns and would always speak out. For example we were told of an incident which occurred which had resulted in the person being hurt. Reports were made and swift action taken to safeguard the person. A relative also confirmed that when concerns were raised then they were, "responded to quickly."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. We saw that all staff had received training on child protection and were able to share their knowledge on this topic.

Individual risk assessments had been carried out in relation to people's identified support needs. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. Staff recorded and reported on any significant incidents or accidents that occurred.

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with children and young adults. We saw from the staff records that the agency took advantage of local university links and was able to recruit undergraduates to support people and gain experience in the qualifications they were working towards. Records showed that all necessary checks were in place before each staff member began work with the families. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed. Relatives also confirmed the standard of staff that were employed and said that staff were, "carefully selected" by the provider and this was visible in the standard of care received.

Relatives of people who used the service told us that there was enough staff to support them safely. They told us that staff arrived at the allocated times and if they were late then they would receive a call informing them. Staff said that they were generally allocated to the same families which meant that they knew the routines of the family and calls could be scheduled around them. People's relatives also confirmed this and

said that they were supported by a consistent group of staff which meant that they were able to get to know their relative and the family well. One relative said, "They match the carer with the family."

Staff supported people with the administration of medicines. Medicines records instructed staff on how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported. Medicines administration records (MARs) showed that medicines had been administered as prescribed. Staff were aware of people's routines and had received training on the safe administration of medicines and also additional training on equipment such as nebulisers.

Is the service effective?

Our findings

Staff had an understanding of people's individual choices, backgrounds, ages, likes and dislikes and took time to get to know the person they were supporting as well as the family. Information was available in people's care plans but staff liked to spend time with families to further understand the person they were supporting. One staff member said "mum knows her child, so I learn from her but don't take over; she wants to care for him too." A relative we spoke with said, "Staff are always full of energy...they seem to know [relative], and what not to do to cause him distress." Another relative said, "They try and keep the same staff as consistent as they can, so they know [relative]." A person using the service also told us that staff took time to get to know them and their preferences, "yes they know my preferences." They also said, "[staff] do get to know me from the scheduled hours I spend with them".

Staff we spoke with demonstrated that they knew the background of the children they supported as well as how best they needed to support their families. One staff member said, "I have a good relationship with the mum, I don't intrude on her time with [child], I know she likes her time with him so I wait in the other room and give them space." This showed that staff had developed an understanding of family dynamics and that even though they were required to support the child, they respected the interactions between parent and child. A relative told us that they "have a lot in common [with carer]," and that the care staff were able to interact with the family set up. They said "the girls are good fun" and that "they help with [child's] moods."

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. For example, child protection, medicines management, and safe handling. One relative said, "Yes, they are well trained." Staff told us that they were supported by the provider to gain further qualifications and training. We saw that some staff were employed because they were studying further education or working in special schools and working at the agency provided them with the practical experience. The director told us that although this did mean that staff would sometimes be limited to the hours they could commit to the organisation they continued to use them because of the enthusiasm and fresh knowledge they brought to the agency. For example students who wanted to gain practical experience and knowledge around conditions such as Autism were allocated to people they could learn from and gain practical experience of the condition. Relatives we spoke with understood this and said that staff, "go beyond what they need to do," because they drew on the learning they received at university.

Staff we spoke with told us that they had received supervision and appraisals. Staff said that supervisions were a two way conversation and gave them an opportunity to discuss any issues and concerns. They felt that they were listened to and their opinions were important to the provider.

Staff demonstrated an understanding of how they would use the Mental Capacity Act 2005 and DoLS training when providing care to people. The (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves and are over the age of 16. 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their consent before providing support.

Staff always gained consent from people when supporting them in meeting their needs. One member of staff said, "I always ask mum before going into the room and will knock." Staff also explained to us how they gained consent from people who were unable to verbally communicate with them. They said, "[person] blinks for yes, or will make sounds; I have learnt what the tones mean." Written consent was also obtained for activities away from the home. For example, forms had been completed allowing staff to take people on public transport.

Meal times were carried out with instructions from the parents on how to support the children with their meals. This was also reflected and detailed in the person's care plan. Staff would raise concerns if they felt someone was not eating well or struggling.

The provider support people to maintain their health and wellbeing through regular appointments with health care professionals. The provider kept records of people's healthcare providers such as psychologists, children's services and GP's.

Is the service caring?

Our findings

People were supported by staff who were caring and compassionate. Relatives commented positively about the staff. One relative when talking about how caring staff were said, "Oh yes, very much so, 100% caring." Another relative said, "I couldn't be happier." A person using the service said, "Yes, [staff] are caring." Discussions with staff further highlighted the commitment they had to the people they supported. A member of staff said, "I care for [person] but I always ask mum first, it's her child so I don't intrude." Staff expressed their joy at working with young children and felt that the support they provided enhanced their daily lives but also gave their families the support they needed. For example one staff member told us that they had been asked to provide a sitting service while the parents took a night off. They said whilst they were away the person was sick and their bed sheets and carpet become dirty. Rather than cut short the parents evening the carer cleaned up and changed the persons bedding and clothing so the parents could continue with the evening undisturbed and return home to a clean environment. The carer knew how to support the person because their regular care package involved personal care but this was an additional sitting service which did not ask for personal care to be provided. This showed that they would go above and beyond their normal duties to provide support to the person but also the families.

The director told us that they had opened up the service because they wanted to provide children with exceptional care and this was what they prided themselves on. They said, "We have all gone through experiences and we just wanted to bring our ideas together to make an excellent service." This was reflected in the service being provided by staff and the positive responses received by the relatives of the children that were supported.

Relatives told us that interactions between staff and people who used the service were kind, caring and compassionate. The manager told us that each member of staff was, "matched," to the family. Relatives also said that staff had, "a lot in common" with the relatives they supported and that this helped to create a positive mood state for their relative.

People were free to make day to day decisions about their care and support. Staff told us that they would explain to the person they were supporting about the routine and if they did not wish to get ready then they would speak with the parents. They said, 'If [person] won't listen then I speak to mum.' Staff respected people's privacy and dignity. They also gave an example whereby they allowed the family privacy and did not intrude. One staff member said, "Sometimes I arrive and [family] are not ready for me, so I give them time and will sit in another room, it doesn't matter, and I can wait." Relatives also confirmed this; they said that staff, "don't run off."

Relatives confirmed that they were involved in making decisions and we saw that the young adults were also involved with the care plans where it was possible. For example some young people remained in contact with carers and the office through the use of technology such as e-mail and tablets. Staff told us that they regularly reviewed the care package with families to ensure it was working well for them. The care records we looked at showed that people or their guardians were involved and supported in their care and decisions. Relatives said that their views were listened to and staff supported people in accordance with

what had been agreed when planning the care. Staff took detailed notes and shared information on when it was required.

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service.

The director told us that they worked with families and as the needs of the child changed they would discuss with the local authority and amend the care package to suit their changing needs. For example, when a person had grown and one carer was unable to provide personal care on their own, the provider had ensured that two members of staff were available to support them.

Care plans were in place so that people received the care they required and which appropriately met their individual needs. We saw that care plans and assessments changed regularly and the provider kept staff up to date through regular updates. Staff promoted people's choices and independence where it was possible. One relative said that they were involved with the care plans and had regular contact with the staff to discuss any changes. They said that they, "regularly review the plan." And that the provider was, "really good at making changes, if something doesn't work then they change it." The provider also told us that they were flexible in the planning of care packages. We saw that visits were organised on a weekly basis around the needs of the family and the child. This was because of school holiday, inset days and other factors which meant that not all weeks were the same. Families told us that staff were flexible around the times they would arrive to support them if needed and would arrive on time and stay for the allocated times and sometimes longer. A staff member said, "sometimes the family aren't ready for me so they will call and ask me to come in later so I do, it doesn't bother me." This showed that the care provided was person centred and that the care plans reflected people's needs, choices and preferences.

We saw that the service provided to each person was personal, tailored and responsive to their needs and the needs of the families. A parent told us, "They let [relative] plan her care." Care staff remained consistent which allowed for trust and caring relationships to form between the families and the care staff. The director told us that they matched people to the carer but sometimes would get it wrong. "If we get it wrong then we are quick to make the changes we need to." For example when a staff member was unable to build a positive relationship with the child's family, another care staff who better matched with the family was allocated. We were also given an example of where a person who did not like the carer, had a different staff allocated to them. This showed that the provider responded to people's wishes and changed the care package to better suit them as and when it was required.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. The provider had received 17 concerns/issues in 2015/16 which had been investigated and dealt with satisfactorily.

Is the service well-led?

Our findings

The service had a registered manager in place who was not present on the day of the inspection. The director, however, was running the agency in the absence of the registered manager. Staff spoke highly of the registered manager and directors of Special Kids Care Agency, they said, [manager] is very supportive." Relatives also confirmed that the registered manager and the staff within the office worked well, supported them and were, "always available". They told us that Special Kids Care agency was, "One of the best agencies we have had."

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. People felt comfortable about raising concerns and said that there was regular communication with the office and, "e-mails are responded to quickly." They also said that, "communication is good and concerns are acted on."

Relatives said that they were notified in advance of any changes in staff and felt that there was sufficient handover period for them to get to know the new person and for the family to feel comfortable with them. They said, "They try and keep the same people, occasionally we might have a different one but they are as consistent as they can be."

The service demonstrated an open and transparent culture throughout. Staff told us that they were told from the point of interview to be open and honest at all times. They said, "when I started they told me that they wanted complete honesty, if I do something wrong they want to know." This meant that if a mistake was made then staff would admit to it and work as a team to learn from it. One member of staff said, "If I have a problem then they are very approachable." The director also talked us through an example of where staff had learnt from a mistake which had been made unknowingly by a staff member. The provider had e-mailed staff to ask who was responsible and a staff member was confident to come forward and suggested the error may have been theirs although they were not sure. This showed that staff were confident to stand up to mistakes made because they knew the provider would support them and assist them to learn from mistakes rather than penalise them.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. There was regular interaction between the manager and the people being supported to ensure that their views about the quality of the care were being addressed. Formal questionnaires had been sent out to obtain feedback, and the results were reviewed by the director and any suggestions noted and actions recorded. We observed that the director had regular email and telephone contact with people to ensure that the service was meeting their expectations.

The director carried out a number of quality audits to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided. The manager and directors had understood their responsibilities to report to

us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.