

# Core Assets Children's Services Limited

# Core Assets Children's Services - Disability - 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

The inspection took place on 21 December 2015 and was announced. Core Assets Children Services – Disability – Midlands provides homecare services to people with complex health and psychological needs. There were three people under the age of sixteen receiving a service at the time of our inspection. We had the opportunity to talk with two relatives as part of the inspection. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care from staff in ways which promoted their safety. Staff knew how to protect people from harm and supported people to do the things that they enjoyed and to keep in touch with friends in a safe way. People, relatives and staff discussed the risks people faced and action was taken to protect people. Relatives and staff told us there were enough staff to care for people in a safe way. Some people liked the independence that looking after their own medicines gave them. Other people needed staff to help them with their medicines.

Staff had undertaken a wide range of training based on the needs of individual people so that they could support people well. Staff were supported through regular supervision, and told us that if they had any concerns for people's well-being they were able to get advice from senior staff or the registered manager. People's consent was appropriately obtained by staff and staff understood that people had the right to make their own decisions. Staff worked with other organisations to make sure that they were protecting people's freedom and rights.

People's health and nutritional needs were understood by staff. Staff knew how to support people if they required any specialist help and if they had any particular dietary needs. Staff supported people to obtain specialist help with their health so they remained well.

Staff found out about things that were important to the people they cared for, so they could provide support in the best way for people. People and relatives liked the staff who supported them. People and relatives were encouraged to tell staff how they wanted their care to be given. People's privacy and dignity were respected and staff recognised when people's independence increased. People were supported by staff to do the things that they enjoyed.

We saw that people's care was personalised and individual ways of working with people had been agreed. Relatives told us they were encouraged to take part in care planning and reviews, so their family members would receive care in the best way for them. Relatives were confident that any concerns or complaints they

may need to raise would be actioned by staff.

Relatives told us communication with the registered manager was open. Staff told us that they were supported well by the registered manager and provider, so that they were able to provide safe and compassionate care. People's care and the quality of the service was regularly reviewed and checked by the registered manager and the provider so they could be sure people were receiving the right 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.

Staff used the knowledge and skills to they had to protect people from harm. There was enough staff to care for people and promote people's safety. People were prompted to take their medicines or received medicines from staff in a safe way.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew how to look after them. People were encouraged to be involved in making their own decisions about their daily care where possible. People were supported to eat and drink enough so they remained well. Staff supported people to access health appointments so people's well-being would be maintained.

### Is the service caring?

Good ●

The service was caring.

People and their relatives had developed good relationships with staff. People's dignity was promoted and their privacy was respected. Staff encouraged people and relatives to be involved in decisions about how their support was delivered.

### Is the service responsive?

Good ●

The service was responsive.

People received care which met their individual needs. People and their relatives were encouraged to develop care plans that met people's needs. People and their relatives were encouraged to express their views about the support offered through regular care reviews. Processes were in place so if any concerns were raised they would be listened to.

### Is the service well-led?

Good ●

The service was well-led.

Relatives were complimentary about the way their care was managed. The registered manager and provider checked the quality of care provided, so people benefited from receiving services from an organisation which was well led

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# Core Assets Children's Services - Disability - 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.

The inspection took place on 21 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a homecare care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law.

We spoke with two relatives by telephone. We spoke with one member of care staff, the registered manager and the provider. We also spoke with Worcestershire County Council's Quality and Contract Team and Children's Services.

We looked at three records about people's care, complaint files, incident forms and safeguarding records. We also looked at quality audits that the registered manager and provider had completed. We checked people's medicine administration records. We also looked at records and minutes of meetings with staff and people who lived at the home, and three staff recruitment files.

# Is the service safe?

## Our findings

We spoke with two relatives whose family members used the service. The relatives told us they felt their family members were supported in a safe way. One relative we spoke with told us they felt their family member was very safe when staff cared for them. Another relative told us they felt their family members was kept safe because staff took into account their family member's health conditions whenever they cared for them. Staff we spoke with showed us they knew how to keep people safe. Staff told us how they made sure people's individual care needs and risks were considered so staff could provide care in the safest way for a person. For example, staff told us how they made sure equipment was used correctly so people were protected from physical harm. Staff also told us how they had worked with relatives to make sure people were kept physically safe when people needed to be moved.

All of the staff we spoke with knew what to do if they had any concerns for people's safety, such as if they had seen any unexpected bruising, or sore skin. Staff told us how they would discuss any concerns for people's safety with the registered manager or provider. The staff member also knew advice was available from other organisations such as safeguarding teams. Staff told us they were confident the registered manager and provider would take action to protect people where required. The registered manager and provider showed us how they had worked with other agencies when they had concerns about a person's well-being. Plans had been put in place to keep the person safe.

The staff we spoke with told us it was important they knew what risks may affect the people they cared for. This was so they could provide the right support to help people stay safe when they did the things which were important to them. Staff considered what risks may arise when they took individual people out to do the things they enjoyed and took action so people received care in a safe way. Staff described how they worked with one person to make sure they were not at risk from other people in the community, and with another person, so their anxiety was reduced. We saw staff had taken into account the individual risks which affected people and checked these as people's independence grew. For example, risks relating to people's nutrition and hydration.

There was enough staff to meet people's care and safety needs. The relatives we spoke with told us staff were always available to provide the care agreed. Staff we spoke with told us there was enough staff to meet people's care and safety needs, and to provide enough time to communicate with people so they did not become isolated. The registered manager described how staffing levels were based on the individual needs of the people who used the service. The registered manager told us people and relatives were offered alternative staff when the staff member who usually provided care was not available. For example, because of planned leave. Relatives we spoke with confirmed this was the case, but all stated they preferred to work round the planned absences. Relatives told us this was because they preferred to entrust their family members with the regular staff, as they knew their family member's care and safety needs well.

We looked at how staff were recruited and saw checks were undertaken by the provider before new staff started working at the service. The checks included obtaining two references and DBS clearance, (Disclosure and Barring Service). We saw DBS clearances had also been requested when staff transferred

from other organisations, so the registered manager knew staff were suitable to work with people.

Some people had requested staff prompt them to take their medicines. Other people required staff to administer their medicines, including when they were away from home. Staff we spoke with told us about the checks they did so they could be sure people would receive their medicines in a safe way. For example, staff checked with the person, or their family members, which medicines the person had already taken. We saw people's care records contained clear details of the medicines administered to them, or where staff had prompted people to take their medicines. Care records also gave staff guidance on the way people preferred to take their medicines. Staff we spoke with knew what they would need to do in the event of a medication error, so people's immediate care needs would be met, and lessons learnt.



## Is the service effective?

### Our findings

The relatives we spoke with told us staff had the right training and skills to care for their family members. One family member told us they liked the way the staff supported their family member, and told us staff knew how to look after their family member. We spoke with the staff about the training they received. The staff told us they had the opportunity to undertake training which helped them to deliver care more effectively. This included training so people's emotional care needs would be met and people would be less anxious. Staff also told us about specific training which was being planned so people's cultural needs would be supported. Staff told us they were confident further training would be arranged as people's needs changed. We saw the manager kept records of the training staff undertook, and that the training staff had accessed reflected the type of support people needed. Staff told us they had regular one-to-one and group meetings so they would be supported to care for people.

The service supported people under the age of sixteen at the time of our inspection. The registered manager was aware if the issue of depriving a person under the age of eighteen of their liberty arose they would need to consider safeguards appropriate to children. The registered manager had not needed to consider depriving anyone under the age of sixteen of their liberty at the time of our inspection.

The staff we spoke with had a good understanding of legislation which affected the way care and support needed to be given to people, so their rights and freedoms would be protected. For example, staff were clear people had the right to make their own decisions if they had capacity to make decisions, and that people's consent to care should be sought before care was given. All the staff we spoke with described how they involved people and relatives in decision making processes. In this way, steps were taken to make sure people's rights were respected.

Relatives told us the staff supported their family members to have a healthy balanced diet. Staff told us how they had supported one person and their family with food planning, so the person would remain well. The staff described how they supported another person who required specialist support, so the person's well-being would be promoted. We saw that where people had complex needs in respect of nutrition and hydration staff had sought guidance from health care professionals so people would be cared for in the best way possible. We saw people's food preferences were understood and recorded by staff.

Relatives we spoke with told us staff helped their family members to maintain their health. Staff told us about how they worked together with other agencies in order to support people to remain physically well. For example, agreeing protocols with the person's GP so people would receive care in the best way for them. Staff also supported some people to attend specialist health appointments, so they would remain well.

## Is the service caring?

### Our findings

Relatives we spoke with told us they got on well with staff that cared for their family members. One relative we spoke with described staff as excellent in the way they cared for their family member. The relative explained their family member was always excited to see the staff as they enjoyed being in the company of staff. Another relative said how staff showed they cared for their family member by reassuring them so they did not become anxious. The relative told us knowing staff would reassure their family member gave them confidence their family member would be well cared for by staff. This relative told us staff were very patient with their family member. The relatives we spoke with told us they felt staff listened to their suggestions and took action so their family members were cared for in the best way for them.

The staff spoke warmly about the people they supported, and showed us how they valued the relationships built up with the people and their families. The staff we spoke with told us how they got to know what made people happy, such as if they liked physical reassurance, by talking to the people they supported or their family members. The staff gave us examples of how they took into account people's preferences, so they received care based on what they wanted. Relatives we spoke with confirmed this was the case. The staff explained they had developed a good rapport with people, who quite often thanked them for the care they gave.

Relatives told us staff worked with them and their family members so they would be involved in decisions about their daily care. The staff we spoke with told us how they involved people in decisions about what support they wanted from staff. This included making sure people were given enough time to make their own choices and decisions. The staff explained they looked for non-verbal clues about choices where people did not directly communicate. In this way, the staff encouraged people to make choices about the support they received, including what to do, and what to eat and drink.

People were treated with dignity and respect. Relatives told us staff always knocked or rang their door bell to check they were happy for them to come into their homes. One relative we spoke with told us how staff had recognised their family member's increasing independence over time, and how positively the staff had incorporated these changes into the way they delivered care. In this way, the person's independence and dignity had been promoted. The staff gave good examples of how they maintained people's dignity and privacy when they were out in the community. We heard staff at the office talking to relatives on the telephone. Relatives were treated with courtesy and staff took time to provide them with information they sought.

## Is the service responsive?

### Our findings

Relatives we spoke with told us their family members received support from staff to do the things which were important for their well-being. For example, we heard how one person had been supported to attend sports events away from home which were important to them. The relatives we spoke with told us they took part in care planning and care reviews, so their family members' needs would be identified, and they would receive support in the way they preferred. One relative told us staff worked flexibly with them, so their family member would receive support at the right times for them. Relatives told us there was good communication with staff, and the registered manager had encouraged them to contact staff at any time to discuss their family member's care needs. One relative described to us how staff took into account the information they supplied about their family member's needs and preferences. The relative told us they had worked with staff so their family member's care plan was updated. The relative told us they were confident staff followed the plans which had been agreed. In this way, their family member received care which reflected their current needs.

All the staff we spoke with knew about people's histories, preferences and care needs. Staff told us how they worked with people and their relatives to make sure people were getting the care they needed, as their needs changed. One staff member described how they had recognised one person's level of independence had grown over time, and how they adjusted the support they gave to the person so this was recognised and the person's independence further promoted. Staff also described how they supported one person to maintain friendships in a safe way for them. We saw care plans were regularly reviewed, and plans were updated to reflect people's needs as they changed. We saw reviews also took into account guidance obtained from other professionals, such as in relation to people's physical well-being.

Relatives told us they were comfortable to discuss any required changes to the service and their views on the service provided were checked at each care plan review. We saw comments made by relatives on the review forms were positive. Staff told us discussion with people and relatives at the end of care sessions and care plan review meetings gave people and their relatives the chance to make suggestions for improvements to the service. Staff described how people's and relatives' feedback was shared with the registered manager and provider, so any actions required to further develop the service would be considered. Relatives told us if they had any concerns or complaints they would either discuss these directly with staff, or with the registered manager. Relatives told us they were confident any concerns or complaints would be dealt with appropriately. None of the relatives we spoke with had needed to make any complaints about the service. We saw relatives had been provided with details of how to make complaints.

All the staff we spoke with told knew how to support people if they wanted to make a complaint. We saw there were systems in place to investigate concerns and complaints if people were unhappy about the care they received. These included escalation of complaints to the provider, so any actions required would be undertaken and lessons learnt.

## Is the service well-led?

### Our findings

Relatives were complimentary about the service their family members received and the way the service was managed. One relative we spoke with told us how happy they were with the service and said it was well organised. Relatives told us they had developed positive relationships with the registered manager and had the opportunity to discuss their family member's care needs with the registered manager when needed. The registered manager told us building relationships in this way meant they could be open and transparent with families if the registered manager had any concerns for people's well-being. The registered manager gave us examples of where this had happened, and told us how this had helped to make sure people received the care they needed.

Staff enjoyed working for the service and said they felt supported by the registered manager. Staff we spoke with told us they had the opportunity to talk through any concerns for people either immediately or at one-to-one or group staff meetings, so people would get the right care as soon as possible. Staff recognised the skills and expertise of the registered manager and provider. Staff told us how the registered manager had supported them to develop effective relationships with other organisations. For example children's services and health professionals, so advice would be available to support people to get the right care when they needed it. Staff said they had occasionally needed to contact the on-call service and provider, when the registered manager was not available. Staff explained how the provider had supported them when this happened. The registered manager and provider explained how they recognised staff achievements through their "Rising Star" awards programme, and through one-to-one and group staff meetings.

We saw the registered manager had undertaken regular checks on the quality of the service. These included checks in the way staff administered or prompted people to take their medicines, and reviewing of people's care. The registered manager explained this meant they knew how to respond as people's needs changed. For example, the manager arranged staff training to meet the specific cultural and health needs of people using the service, so the registered manager could be assured people were receiving the right care. The provider's services had secured a number of awards and accreditations, relating to equality and diversity, social and environmental outcomes and risk management. Arrangements were also in place for the registered manager to obtain feedback from relatives on a quarterly basis. We saw feedback from relatives was positive. The registered manager explained what actions they would take if any concerns were raised by relatives, so action would be taken in the event of concerns.

Monitoring information on safeguarding, complaints and concerns were regularly sent to the provider so they would be aware of any support the service required and areas where development may be required. The provider had also introduced a risk based spot check system, which would be used in the event of quality concerns. The provider had not needed to use the spot check system as a result of any concerns over the way the service was delivered. We saw the provider had considered risks to the service, and had introduced contingency plans, so disruption to people in the event of emergencies would be minimised. The provider had also considered other risks, such as the planned departure of the registered manager. Staff had already met the new manager and the provider had put processes in place to support them when they started their new role. By considering these risks and undertaking checks on the quality of the care,

people benefited from receiving a well-led service.