Kids

KIDS (South Gloucestershire)

Inspection report

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Date of inspection visit:
05 January 2017
06 January 2017

Date of publication:
08 February 2017

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 was announced. We gave the provider 48 hours' notice of the inspection. We did this to ensure staff would be available at the service.

Kids South Gloucestershire provides short breaks for children and young people with disabilities. This includes engaging in activities with the children in their home or within the community. Personal care is also given to children. At the time of the inspection the service was providing personal care to 11 children. Throughout the report we refer to children as people.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

At the time of the inspection the service employed, a registered manager and 25 care staff.

People received care and support from care staff they felt safe with. People were safe because staff understood their role and responsibilities to keep them safe from harm. Staff were aware how to raise any safeguarding concerns. Risks were assessed and individual plans put in place to protect people from harm.

There were sufficient numbers of staff to ensure people's needs were met. Plans were in place to recruit additional staff to ensure there was sufficient cover to care for people. This was important due to the complex needs of some people using the service. The service carried out pre-employment checks on staff before they worked with people to assess their suitability.

People spoke highly of the staff that provided their care and people's relatives were also complimentary of staff. Staff we spoke with demonstrated they were aware of people's individual needs and understood their preferences. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

Staff were suitably trained and training was monitored and kept up to date to ensure people received appropriate and safe care. Staff received supervision and appraisal aimed at improving the care and support they provided. Competency checks were carried out on staff to make sure they were practicing correctly. This ensured staff had the necessary skills to care for people safely.

People gave consent before any care was provided. Staff understood the principles of the Mental Capacity Act 2005 and gave examples of how they supported people with decisions about their care and daily lives. Where required, legal documentation was in place where others had made decisions on behalf of those people who lacked capacity to do so.

Staff were described as caring, friendly and supportive. It was clear positive relationships had been built between people and staff. Staff knew how to encourage people to be as independent as possible. Communication between staff, people and their relatives was positive.

People received a service that was well-led because the registered manager provided good leadership and management. Systems were in place to check on the standards within the service. These included regular audits of care records, recruitment files, risk assessments, health and safety, staff training and supervision.

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 risks of abuse as staff were suitably trained and policies were in place to safeguard people.

Risks were identified and minimised. Risks were kept under constant review in order to keep people safe.

Medicines were administered safely. People received the appropriate support with their medicines as required.

There were sufficient numbers of staff to meet people's needs and to keep them safe from harm.

Staff were recruited using an effective recruitment process.

Is the service effective?

Good

The service was effective.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs.

The service had an induction process for new staff.

The service ensured that people received effective care that met their needs and wishes.

Staff understood the Mental Capacity Act 2005 and how this applied to their role.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

People were able to communicate with staff in a way that was

meaningful to them.

People's opinions, preferences and choices were sought and acted upon.

People's privacy and dignity were respected and promoted by staff. People spoke positively about how caring the staff were.

Is the service responsive?

Good

The service was responsive.

People's individual needs were clearly reflected in their care plan which was reviewed by staff on a regular basis with the person.

People received the care and support they needed and this was adjusted in line with any changes in their needs.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Good

The service was well led.

Staff felt well supported by the management team and they were asked for their views.

There was an open and honest culture which enabled good communication and a positive working environment.

The registered manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary.

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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 5 and 6 January 2017 and was announced. We gave notice of our inspection to ensure key people would be at the service when we visited. The inspection team consisted of one inspector.

Kids South Gloucestershire had recently changed its name from Kids Southwest. The service had also recently moved its location (address). We did not request the provider to complete the Provider Information Record (PIR) for the new location (Kids South Gloucestershire) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make. As the service had submitted a PIR for its previous location (Kids Southwest) we were able to use this as information only.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. At the time of the inspection we had not received any notifications.

We looked at the care records of three people, the recruitment and personnel records of three staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding and child protection, whistleblowing, mental capacity, recruitment, confidentiality and complaints.

The registered manager asked relatives if they were willing to speak to us prior to our visit. We spoke with

three relatives on the 'phone whose children were supported by Kids South Gloucestershire. We spoke about the service their children received. We spoke with four staff, one care coordinator and the registered manager.

Nine health and social care professionals were contacted in order to gain their views about the service. However, only one of them provided feedback about the service.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they felt their children were safe using the service. Comments included, "We feel safe with the care and support X receive", "Yes definitely my child is safe and I have no concerns. The staff know my child's needs". Another relative told us, "If we didn't feel our child was safe we would not hesitate to raise concerns ourselves", "We trust the staff coming into are home to look after our child. We have the same staff and we have a great relationship".

Staff had received training in child protection and safeguarding. They were able to describe what abuse was and the different types of abuse. Staff had a good understanding of keeping people safe and, were aware of their responsibility to report any concerns. The arrangements for safeguarding people from abuse were confirmed in a written procedure that was readily available to staff. Staff we spoke with said, "If I had any concerns about a child I would report this straight away", "I have received training and would feel confident in raising any concerns I had", "I would contact the office if I had any concerns and I know this would be taken seriously".

People's needs were assessed to enable the service to support people with an identified risk to their safety or wellbeing. These included risks associated with people's conditions, and their treatments. Where people received nutrition and fluids or medicines through a tube, risk assessments included the method of administration and risk factors. Where people were at risk of seizures, risk assessments contained a description of the person's condition possible triggers for seizures, and procedures to manage them. Where people were at risk of behaviours that challenge, risk assessments included signs and triggers, and strategies to manage them. Staff were aware of safe techniques to use in the event of behaviour that challenges. Risk assessments took into account information from people's families. An example being one person liked to count down with numbers with family which helped them to calm down. This technique was also used when staff were supporting the person.

We looked at staff recruitment records and found staff had been recruited in line with safe recruitment practices. A minimum of two references had been received and checked. Disclosure and Barring Service (DBS) checks had been completed. This was completed before staff started work at the service. Such checks help the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults and children. Records confirmed staffs identification and medical fitness had also been obtained. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed.

There were clear policies and procedures in the safe handling and administration of medicines. People's medicines were being managed safely. There had not been any errors involving medicines within the last 12 months. The registered manager told us about the action they would take if a medicines error was made by staff. This confirmed they were aware of the appropriate action to take. Where people required assistance with medicines these were administered by trained staff. A number of staff had completed enhanced medicines training which included areas such as giving medicines through the Percutaneous endoscopic gastrostomy tube (PEG). A peg is a way of passing food, medicines and fluid into the body via a tube. This is

passed through the skin into the stomach. This ensured the risk of injury or harm was minimised. Recovery medicines were also given by trained staff to people with epilepsy when required.

There were sufficient numbers of suitable staff to support people and keep them safe. Relatives were satisfied there were enough staff to support people at the times they were needed, and staff told us their workload was manageable. Staff were allocated to each person the service supported. This meant people were familiar with all their staff and there was continuity and consistency for their families. Staff and relatives told us the system worked well but there had been times where allocated shorts breaks had to be cancelled. The registered manager told us this was due to allocated staff leaving the service and replacement staff undergoing recruitment checks. Some people were waiting for the service to recruit staff who would be appropriate to meet their needs. Care coordinators that were known to individual people were helping to cover any shortfalls and were able to cover absences.

Good

Is the service effective?

Our findings

Relatives said they felt staff at the service were suitably trained and experienced to support their family member. Comments included, "The staff are very well trained. I know they have received specialist training to support X", "The staff seem experienced and support my child very well. We had to wait whilst they were trained before they could start"; "The staff had to have training to support my child's needs. They are so caring and supportive".

New staff were supported through a thorough induction programme. Staff told us they were given time during their induction to read people's care records and the policies and procedures of the service. New members of staff were appointed a mentor to support them during their induction. Staff said they had spent time shadowing experienced staff within the community before they worked unsupervised. The induction formed part of the probationary period, so the registered manager could assess staff competency and their suitability to work for the service and whether they were suitable to work with people.

Staff were supported through supervision, appraisals, team meetings, induction and training. This provided staff with the opportunity to discuss their work performance, training and development needs. Senior staff also undertook regular supervision with staff based on spot checks where they observed staff providing care. Staff confirmed they had received supervisions including spot checks so senior staff could be assured that care and support was provided in a safe and effective way. Staff told us they found supervision and appraisals useful, one staff member told us, "It is nice to meet with my manager and discuss how things are going. We discuss a variety of information which makes me feel supported". Another staff member told us, "We are very well supported here and I meet up and talk with my manager regularly".

Training was planned and was appropriate to staff roles and responsibilities. Staff said they were well supported by the registered manager to attend learning sessions. They said they had received training which equipped them to carry out their work effectively. We looked at staff training records; these showed staff had completed a range of training. These included safeguarding and child protection, dignity and respect, health and safety, infection control, medicines training, moving and handling, first aid, equality and diversity. Some staff received training PEG tube training. This training was given by trained nurses and staff had to demonstrate they were competent before being signed off.

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. Where it was appropriate to their role staff had received training in the MCA. Staff were able to describe to us how the Act applied to their role in caring for people. Care records showed people that used the service their relatives had met with professionals involved in their care to discuss and agree future plans.

Staff explained how they gained people's consent to personal care when they arrived for each session. Staff

told us they read through people's care records before any care practices were carried out. This was to make sure they understood the support each person required and to seek their consent. Where there were concerns about a person's capacity, key health and social care professionals were involved to support people to make decisions. Relatives had also given consent for their family member to receive care and this documented in their care plans. An example being written consent had been obtained to administer medicines and to share people's information with other professionals when needed.

People were allocated a staff member that cared for then during each session. Some people were supported by more than one staff member as part of their care package. The registered manager told us this was in order to keep the number of staff who visited them, to a minimum and to ensure consistency of care was promoted. Due to the nature of people's needs the service specifically recruited staff to work with people. The registered manager said that they wanted to ensure people and potential new staff shared the same interests so they would connect with each other. We were told this was to help bring out the best in people they supported.

Some people required support with their food and drinks. Staff gave examples of how they supported people to eat and drink sufficient amounts and that they were aware of people's dietary needs. Staff said that care plans provided information they needed about people's dietary needs, likes and dislikes. One staff member said, "I have been supporting X for so long now and know their favourite foods and treats", "The child I support likes to pick food by its texture". Any concerns relating to the nutritional intake of a person during a session was clearly recorded and handed over to senior staff.

Good

Is the service caring?

Our findings

Relatives spoke positively about the individual care and support their family received. One relative told us their family member had a good sense of humour and imagination. They were motivated by the staff member because they were, "Caring, fun and very creative". An example being the person loved to use role play during their session with staff. We were told this could be by pretending they were going on an airplane or by playing the role of a queen or princess. We were told role play was a good method to use to care for the person. Another relative told us the staff were kind and considerate toward their family member by giving reassurance through a period of ill health. They told us how the staff also offered the whole family support during this time. Another relative told us, "X (staff) has such a lovely caring approach. They are more like family now as we have known them years".

People were cared for by staff who were passionate about providing good quality care. Care plans reflected how staff communicated with people who could not verbally communicate. An example being one person was not able to verbally communicate but staff understood if the person was happy to receive care by observing their eye movements. Another person's care plan documented how staff used Makaton to communicate signs and symbols as a form of communication. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

Relatives told us their family member were able to express their views and make decisions about the care they received. Relatives we spoke with felt their family member were listened to and staff were able to tell us about the things people were able to do themselves. Care records we looked at confirmed relative's involvement in care planning for their loved and they outlined the way they wanted to be supported. Staff told us they gained information about how people liked to be cared for through carrying out a comprehensive initial assessment with people.

People were supported to be as independent as possible. Staff knew the importance of treating people with respect and protecting their dignity. They gave us examples of how they did this through stating, "If it's safe to do so I will turn around in the bathroom if a child is using the toilet. They will tell me when they are ready for me to turn around". Another staff member told us they respected people by listening to what they had to say and acting on information. Another told us they encouraged one person's independence by showing the person what to do as a role model. An example being the staff member took their tooth brush and tooth paste with them so they could clean their teeth at the same time as the person they supported. We were told how this was fun for the person receiving care and involved lots of laughter.

Relatives we spoke with said enough information was provided by the service and local authority about the service provided. They told us this was contained within people's support plan folders and outlined what they could expect from the service, the way the support would be provided and the agency expectations of them. The registered manager told us the one of the aims of service was to ensure that people were supported to make their own decisions regarding the care and support they received.

Our conversations with people's relatives highlighted there was a relaxed atmosphere when care and support was delivered and identified staff knew them and their needs really well. Relatives told us they and their loved ones had forged close relationships with staff. This was because they showed empathy and had a positive attitude. Staff told us they looked out for the people they supported and their families, which added to the nurturing atmosphere within the service.

Good

Is the service responsive?

Our findings

Relatives told us prior to their family members care commencing an assessment of the person's needs took place; this involved relatives. Following the initial assessment a comprehensive assessment would be completed and plans put in place to make sure people could be supported by the right support worker. Care records confirmed these assessments had taken place along with risk assessments. Care plans were individualised to reflect each person's specific needs. Relatives told us, "We were visited by the staff from the office who listened to us explain about our child's needs. We were then given a copy of the care plan", "I have looked at my child's care plan and it is quite detailed and contains lots of information", "We had an initial assessment carried out along with an annual review meeting". Records confirmed care plans were signed by people's relatives.

People's care plans contained information about their likes, dislikes, goals and preferences. All care packages were closely monitored and regularly reviewed after the start of a service. After this time they were reviewed yearly thereafter or when people's needs had changed. Relatives told us, the registered manager regularly checked with them that the care provided was what they wanted, and this was changed if required. An example being if people had not formed a close connection with the staff member or did not have much in common. The registered manager would look at the other staff they had and would speak to relatives about changing the staff member. This was to ensure people excelled to the best of their ability with staff. Staff we spoke with knew people well because there was good information within people's care plans, which they were encouraged to read. Staff told us this helped them understand the care and support people needed.

We looked at three people's care records which contained comprehensive information about each person and sufficient detail to guide staff on the care and support to be provided. Care records included the person's emergency contact details such as their next of kin, GP, risk assessments, current support needs, the support to be provided and the desired goals from the care and support provided. They contained relevant information about people's diagnosis and associated needs and leisure and communication.

Detailed instructions were provided to support the person with specific tasks, such as, 'eating and drinking'. For example; one person had a tendency to rush eating their meal. Staff were to observe the person and asked them to slow down when eating. Another example in another person's care plan was information about the person's epilepsy. Information recorded how this presented. It stated the type of seizure, the seizure behaviour and what staff should do when the person experienced a seizure.

Where people wanted to they were supported to engage in social activities and hobbies with staff. An example being one person loved outdoor life and enjoyed going out for walks in their wheelchair with staff in all weathers people watching. We were told for this reason the staff member supporting them must also enjoy going out. Another person loved going to the park with staff and often took a snack and drink. Staff we spoke with told us one person they supported was not able to go out that much due to their needs. As they loved music and discos the staff member would close the curtains in in the room to make it dark, play music

and put on the person's sensory light. This helped make the person feel like they were at a disco so they could dance and have fun. Another staff member told us how they supported a person with activities when they were unwell in hospital. The staff would visit with soft toys and sensory equipment. Another staff member told us how they painted plant pots with a person and then planted seeds. We were told the person liked to watch their plant grow and were proud of the work they had achieved.

A support session log sheet clearly detailed the support provided at each activity session. Staff were required to record what worked well or did not work well. Information also recorded what activities took place. Staff were also asked to rate the session. Where sessions had not gone well this was emailed to the care coordinators to follow up. Session log sheets provided a high level of detail and where risks to people's health and wellbeing had been identified staff recorded the action they would need to take to reduce or eliminate any identified risk.

Relatives told us they had no complaints about the service there family member received. People had information in their care records which guided them on how to make a complaint to the service, the provider or other organisations. Relatives told us, "I am happy with the care X receives and have no complaints. I hope I never have to complain but If I did I would call the office", "I have no concerns but would talk with the staff if I did", "I can't ever see my having a complaint but I have the information if I need to".

The service has a detailed complaints policy was in place, this clearly explained the complaints process to follow. This included how to make a complaint, who to complain to, expected time scales for responses and investigations. It also provided people with contact details of the local authority and the Care Quality Commission. We were told the service had an open door policy whereby people could access them easily. The registered manager told us the service had not received any formal complaints.

Good

Is the service well-led?

Our findings

The registered manager had clear visions and values of the service. The main aim of the service was to provide a short break service which was flexible and of a high quality to children and their families. The service supported disabled children with personal care in their own homes whilst providing a break for their families. The registered manager told us their focus for the next 12 months was to continue to develop the service working closely with the staff and families. They told us they planned to continue to recruit staff whose skills would be appropriate to meet the needs of individual children.

It was apparent during our inspection that there was an open and transparent culture at the service. Staff seemed comfortable speaking with us and forthcoming with information. Staff told us they felt valued by the service and supported by the registered manager. Comments included, "The registered manager is brilliant and they have turned around the service since starting here", "The registered manager is a good leader and sets a good example", "Since the manager has started we now work as a team. We all help each other and share the workload"; "The registered manager is knowledgeable along with the coordinators".

The registered manager told us they were, "Proud" of the work they had achieved since they became the registered manager. They told us they had a good rapport with the local authority and had helped pick up extra contracted hours at short notice for children when a crisis had occurred. They also told us their involvement within networking groups and were the co-chair of the local authority's provider forum meetings.

The registered manager had already identified the main challenge to the service as being staff retention. The registered manager said they were being supported by the provider and had set up a steering group and developed plans for retaining staff. We were told the steering group had already identified the focus was to look at the terms and conditions of employment for staff.

Regular staff meetings were held to keep staff up to date with changes and developments. The registered manager said meetings were held at the office three times a year and were very well attended by staff. We looked at the minutes of previous meetings and noted a range of areas were discussed. For example, a staff meeting held in November 2016 involved a discussion with staff about the service purchasing six sensory packs for staff to hire. These packs contained sensory equipment that could be used during activities with children. Staff were also asked for suggestions on how the service could improve. Staff told us they found these meetings useful and empowering. The registered manager included team building exercises such as a quiz at each staff meeting which promoted teamwork.

The registered manager held responsibility for quality monitoring and ensuring the service provided consistent, high quality care. We viewed examples of previous 'review of quality and safety audits' of the service. These were comprehensive and focused around the provider identifying the services strengths and challenging themselves. Recommendations were made for areas of improvement so the service could continually improve. For example, Looking at additional areas of training for staff and ensuring any new systems were implemented at the service.

Quality assurance processes included twice yearly telephone surveys to the parents of the children they supported. The registered manager said they knew they provided consistently good care as they received positive feedback. The service had open and regular communications with families. Parents we spoke with told us, "The manager and coordinators are excellent and they work hard to put in place the care we need", "I tend to liaise with the coordinators rather than the manager as they also provide support to my child. The service is run to a high standard though".

Systems were in place to monitor accidents and incidents within the service. Accidents and incidents at the service were recorded appropriately and reported to senior staff without delay. Any injuries to people were clearly recorded. Accident and incident records were reviewed and analysed by the registered manager and care coordinator to help identify any trends and potential situations which could result in further harm to people. This meant people were protected against receiving inappropriate and unsafe care and support.

Policies and procedures we looked at during the inspection were regularly reviewed by the registered manager. An example being policy's in relation to medicines and safeguarding. Staff we spoke to knew how to access policies and procedures. This meant clear advice and up to date guidance was available to staff. The registered manager told us they also monitored the standard of care people received by carrying out spot checks of staff observing care practices. We reviewed records in staff files which confirmed spot checks were carried out.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening within the service. We spoke with the registered manager as the CQC had not received any notifications from the service. They told us no reportable events had occurred. The registered manger knew when events were to be reported and how they could access the appropriate notification forms.