

# Kids

## KIDS (South East)

### 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 8 November 2016 and was announced. We also contacted parents by email for their views and opinions on the 11 November 2016. We gave the registered provider 48 hours' notice of the inspection because it is a community based service and we needed to be sure the office would be staffed and sufficient information would be provided to allow us to contact parents and young people in their homes.

The service was last inspected on 17 February 2014 and was found to be meeting the regulations we inspected against.

KIDS South East is registered to provide short breaks for children and young people with disabilities up to the age of 25. This involves supporting them in activities in their home or within the community and some personal care. At the time of the inspection the service was supporting 11 children or young people.

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.

Parents said they were happy with the support their child received and felt it was safe. Staff had up to date training in how to safeguard young people and were confident in their roles. Parents were confident about staff and felt able to discuss anything they wished to. They thought staff were knowledgeable and appropriately skilled.

We found risks associated with children and young people's care needs were assessed. Actions required to mitigate against risks was recorded. We found that risk assessments were updated regularly and this included those risks associated with complex care needs and emergency situations.

Staff recruitment was managed safely with all of the necessary background and employment checks being completed prior to staff members commencing employment.

The provider had ensured that policies, procedures and information in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were in place. This was to ensure that people who could not make decisions for themselves were protected. KIDS South East would not have responsibility for making applications under either of these pieces of legislation; however, they would have responsibility for ensuring that any decision on DoLS and MCA 2005 were complied with.

Parents were responsible for obtaining medicines on behalf of their children. Staff who administered medicines to children or young people had received training and were able to talk us through the administration processes.

Staff had up to date training and were supported in their roles. They received regular supervisions as well as annual appraisals.

The service provided personalised support to children and young people. Support plans were individualised and included information around their preferences, likes and dislikes. We found parents were involved in support planning.

Parents were responsible for their child having access to a range of health and social care professionals when required. We found information had been shared with the provider, including GPs, district nurses, occupational therapists and dentists.

Parents knew how to raise concerns if they were unhappy and were confident their complaints would be investigated and actioned.

The registered provider had quality assurance arrangements in place to regularly assess the quality and safety of the service provided. The results from quality checks were fed into the service's business plan which was reviewed at management meetings.

## 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.

Parents told us they felt the support their child received was safe.

Risks to children and young people were assessed and managed appropriately.

Staff recruitment was managed safely with all of the necessary background and employment checks being completed.

### Is the service effective?

Good ●

The service was effective.

Staff had up to date training to ensure their skills and knowledge were valid and relevant to their job role

Staff received regular supervisions, direct observations and annual appraisals.

There was information and guidance for staff about the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

Parents told us staff were respectful and promoted dignity for the child or young person.

Children and young people were encouraged and supported to remain as independent as possible.

Staff used communication aids to support communication with children and young people.

### Is the service responsive?

Good ●

The service was responsive.

Parents felt the staff were responsive to their children's needs.

Care plans were personalised. They were regularly reviewed to ensure they were up to date.

Parents knew how to raise concerns. Complaints were managed appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led.

Parents and staff felt the registered manager was approachable and supportive.

The service maintained links with partnership agencies such as commissioners and social workers.

The service had business plan in place to drive quality. The quality assurance process contained audit and reviewing systems.□

# KIDS (South East)

## **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 on 8 November 2016 and was announced. We also contacted four parents by email for their views and opinions on 11 November 2016. We gave the registered provider 48 hours' notice of the inspection because it is a community based service and we needed to be sure the office would be staffed and sufficient information would be provided to allow us to complete the inspection.

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We spoke with three parents. We also spoke with three staff members as well as the registered manager, service manager and the safeguarding lead. We looked at the care records for three young people who used the service, and recruitment records for two staff members. We also looked at records about the management of the service, including training records and quality audits.

# Is the service safe?

## Our findings

Parents and staff told us the support provided by the service was safe. One relative said, "The carers are good, [young person] is ok with them, I have no issues at all." Another relative told us, "I feel the service safe." One care worker told us, "Young people are safe, we have risk assessments and we would report anything to [manager]."

We spoke with the safeguarding lead who provided us with details of how the service manages safeguarding. Care workers who had concerns would complete a specific record on the provider's electronic review system. Where the concerns were of a safeguarding nature these would be flagged straight to the registered manager, who would then raise a safeguarding alert. The care workers involved with the child or young person would be responsible for completing the review record with all the details. Staff had access to the organisation's on-line policy and procedure for the protection of children and adults from abuse. The safeguarding lead told us, "We would always contact the LADO (Local Authority Designated Officer) and support the staff member making the report." The LADO provides advice, information and guidance to employers and voluntary organisations around allegations and concerns. They ensure there is a consistent, fair and thorough process for all adults working with children and young people against whom an allegation is made. The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children has behaved in a way that has harmed a child, put a child at risk or committed a criminal offence.

Staff had received up to date training in safeguarding and were confident in their roles to safeguard the children and young people they supported. One care worker told us, "We have training on safeguarding so we know what to do. I would always contact the office as well, and make sure we record everything accurately." Another told us, "We write a review at every contact. If there are any concerns we write those in a second box, these go straight to the manager to raise an alert." Staff were able to give examples of how children and young people may react if they were being abused. One care worker told us, "There may be a change in their behaviour, or they could wear long sleeves to hide bruises."

The service had procedures in place for the safe management of medicines. Parents had the responsibility of ordering medicines for their child and in the main were responsible for the administration of medicines. One staff member told us, "I do give medicines to one [young person] but always check with the parents in case there are any changes. I check the bottle, the strength, dose and name. Each medicine has its own form which we sign." Where rescue medicines were prescribed we found that parents consented to this and training had been provided to staff. Rescue medicine is a medicine intended to relieve your symptoms immediately these can be used for people living with epilepsy or allergies.

The provider used an electronic system to develop staffing rotas. All short breaks were added to the rota with the hours required. Hours for staff were then produced and issued to staff and parents. One parent informed us that they were informed by the provider they had used all their allocated hours and had to contact social service to sort this out. We discussed this with the registered manager who was able to explain how the issues had arisen and what action was taken to rectify it. Another parent told us, "We have

the right amount of hours and get one to one help."

We were provided with some written feedback on the service from health and social care professionals. One commented that KIDS were not meeting the support hours children and young people were allocated and were not proactive in communicating this to families. We gained written confirmation from the registered manager on this issue. The registered manager wrote, 'Every family is provided with a rota before the beginning of the month and this may have some gaps in the provision. We leave the rota like this so that we can spend the remaining time before the break trying to find cover. Families will then be informed at least 24 hours before to confirm if a break is taking place, but it is often before the 24 hours. The other reason for shifts not being covered would be staff sickness. We inform families as soon as we find out from the member of staff and we also endeavour to find a replacement for this shift. On occasions, workers go directly to the family and do not inform us, in this situation as we are not aware that the shift is not taking place cover is not looked into. This is being addressed through supervision and observations.' The service had recently increased capacity in the team to improve communication with families. This meant that the service was responding to the needs of children and young people.

Children and young people had risk assessments in place which were personalised in relation to specific support and management. Risk assessments were stored within care files and covered areas such as personal care and moving and handling using an electric hoist. For example, to ensure the equipment was checked and the correct sling points used. Another young person's risk assessment covered visual impairments and how that impacted on the inability to recognise danger and how staff supported this.

Records in staff files demonstrated staff were recruited with the right skills and experience. Recruitment checks had been completed before new staff started working with vulnerable people. These included checking references and a disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable young people and to check that they were not barred from doing so.



## Is the service effective?

### Our findings

Parents told us they were happy with the support the service provided. One relative wrote in response to our email, 'The respite workers we have at present are well trained for the job with training provided by KIDS and from training and experience obtained from other sources, e.g. one of our workers is a learning support assistant in a school for autistic children and two others have worked with adults and children with severe learning difficulties for many years.' Another relative told us, "I have recommended them to other parents. They have the proper skills and knowledge to support [young person]." A third told us, "The staff are trained and are really good, I am happy, no problems."

We found the mandatory training covered core skills and knowledge for staff which covered personal care, communication, child protection and the legal responsibilities when working with disabled children and young people. The service kept a training matrix which detailed staff who had received specific training about specialised care and support needs. The registered manager told us that if a child or young person had needs that required specialised training then only staff who had received this would be used to care for the person. The electronic system used by the provider generated staff rotas. The registered manager told us, "The system would not allow us to use untrained staff to support a child or young person with specific needs." One staff member told us, "All my specific training was completed before I worked with [young person]. I attended St Francis School to receive specialist training with the nurse to be able to manage [young person's] PEG."

Percutaneous endoscopic gastrostomy (PEG) is a procedure used to give nutritional support via a tube.

Staff received regular supervision and an annual appraisal. We viewed supervision records for staff and found discussions covered a range of areas including areas staff felt confident in, any concerns they had and training. Staff told us they felt supported in their roles by the management. One care worker told us, "We talk through all our families, and talk about how we are getting on. We have an annual review to discuss our personal development, training and to put in some targets for me to achieve. I want to do training in Health and Social Care. Families also give extra support with our training." Another care worker told us, "I feel supported by the organisation, I have regular supervision with my manager, they do make themselves available".

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 young people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager informed us that every person who received care had capacity to make decisions and some had additional support from parents. Staff had received training in MCA and the registered manager told us refresher training was scheduled for the following week to ensure staff had up to

date knowledge.

In the main the service cared for children and young people under the age of 18. For those over the age of 18 records showed that the legal requirement to consider their mental capacity and ability to make decisions had taken place. No one using the service was subject to the requirements imposed by Deprivation of Liberty safeguards (DoLS).

KIDS South East was not responsible for making applications under either of these pieces of legislation as it was not the parent, guardian or next of kin of anyone using it. It would, however, have the responsibility for ensuring that any decision made within the MCA 2005 was complied with.

Parents told us that children and young people's consent was obtained by staff during their short breaks. One relative told us, "They always tell [young person] what they are going to do beforehand. [Young person] is very able to tell them." Another told us, "[Young person] knows what has to be done, he'd let them know." We also found the service used a consent document for young people 16 years and under. These documents were signed by the child or young person as well as their parent.

Care staff we spoke with demonstrated knowledge and understanding of MCA and DoLS and this subject was covered as part of new staff's induction. One staff member told us, "I have done MCA training before coming here, I know about gaining consent." The registered manager told us, "Two staff members are to undertake Safeguarding Champion training, which covers MCA and DoLS. This will then be delivered to all staff to improve their knowledge."

Parents were responsible for ensuring their child had access health professionals as and when required. Records confirmed children and young people had accessed services from a range of health professionals including GPs, district nurses, occupational therapists, pharmacists, podiatrists and opticians. One care worker told us, "Parents sort that side of things but if I noticed anything I would tell them, you know if they had a chesty cough."

Parents were responsible for their children's nutrition needs. When staff were required to support children and young people to eat there was clear guidance provided on how to do this. For example, PEG feeding (feeding via a tube) or support to eat or drink in other ways safely. Staff who were responsible for this type of support had received appropriate training.

# Is the service caring?

## Our findings

Parents we spoke with told us they were very happy with the care they received from the service. One relative told us, "I'm happy, no problems. The staff are brilliant. [Young person] loves his carers, they are consistently good." Another parent told us, "[Young person] likes chatty people that's why he likes [carer], they do support him so well."

We gained positive feedback from commissioners of the service about how caring the service was. One comment related to the motivation and compassion to tackle and meet the needs of very complex and challenging children and young people.

We found the service had received some positive written feedback from parents. One parent had written, 'It only took two sessions for [young person] to be comfortable with [carer], she was willing to learn his body language.' Another commented, '[Carer] is brilliant and goes over and beyond for [young person].' The electronic system used by the service contained an, 'All about me' page, which was a full profile of the staff. Parents could log on and view staff's knowledge and experience. This meant the service provided information to parents regarding staff who may be supporting their child.

Staff supported children and young people to meet their individual needs and preferences. For example, one young person's care plan stated, that their iPad, X Box and mobile phone were important to them. Another young person's plan stated, '[Young person] likes music in the shower.'

One parent told us, "They have made such a difference, [young person] is now volunteering." Another told us, "It's like a disco sometimes, [young person] just loves it." One care worker said, "We are there for them, it's important for us to know their ways, we need to know routines." Another told us, "The children and young people are at the centre of everything. I always ask, 'what do you want to do?' It's their time and we must let them do things themselves."

Parents told us staff treated their child with respect and maintained their dignity while supporting them. One parent commented when answering our email, 'The respite workers always treat my daughter with respect, dignity and kindness and will always accommodate any changes to her routine we may suggest.' Staff told us they respected children and young people's dignity and were able to give examples. One care worker told us, "I always close the door when doing personal care, and I always talk through things, such as if we are using the hoist tell them we are going up now, keeping them covered, that type of thing. We support them to be as independent as they can be."

The service provided care to some children and young people with communication difficulties. A communication policy was in place that included guidance that care workers should use during their contact with children or young people to maximise their involvement in how they were supported. Staff we spoke with discussed the use of picture exchange communication system (PECS). One care worker told us, "We can use PECS to help with communication using pictures as prompts. I have had training, I have also had training in Makaton." Makaton is a language programme using signs and symbols to help people to

communicate. Another care worker explained how they used simple hand gestures, for example thumbs up for yes. Another care worker told us, "[Young person] either takes me to the thing they want, another uses verbal noises to express their needs."

We found that care workers often used their initiative when it came to supporting a young person. One care worker we spoke to needed to have both hands free to be able to respond to a specific health need if supporting a person in the community. Specific items were required to be at hand when in the community. By using a bum bag the staff member ensured all necessary equipment was with them but their hands were free in case of an emergency. Another care worker told us, "I have emergency contact details on the reverse of my identify badge just in case I need it whilst out."

## Is the service responsive?

### Our findings

Another commissioner who provided written feedback commented, 'We largely liaise with [coordinator] and find this useful and positive. She is very responsive to our needs and always demonstrates an exemplary understanding of our children and their needs.'

Parents we spoke with felt the service was responsive to the needs of their children. One parent told us, "They are a responsive service, we sometimes have a gap in support but we work on that, they are flexible and involve me." Another said, "We have regular reviews, they update records." Another parent who provided written feedback commented, 'The service keeps us up to date with changes by email and telephone; the respite workers themselves will discuss dates and timetables with me directly and between themselves to change any dates in our timetable. Our respite workers and the office managers are responsive to any concerns.' A third told us, "The service are supporting us as [young person] will be moving to adults, they are helpful I have no issues at all."

KIDS used an electronic system (Direct Short Breaks DSB) for managing children and young people's short breaks. We reviewed individual contracts which informed KIDS of the annual allocation. KIDS received confirmation from commissioners that hours were available and only then were they added to the system for individual children/young people. Parents were also able to log on to the system and could book short breaks on-line and access and review their information.

Children and young people had their needs assessed prior to receiving care and support. The assessment was used to gather personal information about the child or young person to help staff better understand their needs. It covered areas including cognition, communication, personal care, mobility and nutrition. Information gathered in pre-assessments was then used to create care plans for the child or young person with the involvement of parents. Parents told us they felt involved in the planning and on-going review of their children's care.

We found children and young people had a range of care plans in place to meet their needs including personal care, mobility, nutrition and medicines. Care plans contained adequate detail for the level of support required. Those children or young people with more complex needs had more detailed care plans to guide staff how to support people. Care plans were personalised to each person and contained some preferences. For example, one person's care plan detailed their position in bed, that the correct points were used on the sling and how to check the hoist at every use. We found one young person who wanted to go swimming. The staff member who supported them told us, "I am having swimming training so I can take [young person], it will help with their independence." Care plans were reviewed on a regular basis.

The provider kept electronic support records for children and young people as well as paper based files. Each child or young person had their own file in their home which staff could access for guidance and information. Staff could also log on to the electronic system to access information and update the notes following a short break. We saw staff used the electronic system to record how the child or young person had enjoyed the short break, giving a score from one to five (one being poor and five being good). Where

scores had been low, changes had been made to enhance the short break for the child or young person. One care worker told us, "It's like a review every time we support them."

Parents knew how to raise concerns if they were unhappy about the service they received. One parent who provided written feedback commented, 'I only ever complained about a respite worker and the issue was dealt with very quickly and a different worker supplied to us'.

The registered provider maintained a record of all complaints received which included content of complaints and subsequent action taken. Records showed complaints had been investigated, actioned and the outcomes fed back to complainants. Any lessons learned were recorded and communicated to staff through carer group discussions and staff meetings. We found no complaints had been made regarding missed support.

# Is the service well-led?

## Our findings

Parents and staff told us they felt the service was well-led. One parent told us, "The management are fine, I don't have any concerns at all. Another told us, "I have a lot of time for [manager]." Commissioners for the service gave positive feedback on the management of KIDS. We received comments such as, 'the management approach has always been very focused upon good service delivery. The commissioner also commented about a specific piece of work the service had undertaken. They felt this had been an exceptional piece of work and had demonstrated the value base within KIDS.

The service had an established registered manager who had been in post since October 2010. They were proactive in meeting their responsibilities in relation to submitting relevant notifications to the Commission.

Staff we spoke to felt the management were supportive and approachable. One care worker told us, "[Manager] is extremely supportive, always around I can give her a ring or drop an email. They are the best manager I have ever had." Another told us, "The support network here is one of the best, the group meetings are helpful."

Staff told us about a staff day the provider had recently held. The day had been organised to deliver training but to also get the staff together. One staff member told us, "We used the day to share information and networked with other services in KIDS." The provider had a recognition award for staff who go over and above for a young person and their families. We spoke with the staff member who had won an award. They told us, "It can be difficult to get people all together so the day was great."

Staff had the opportunity to give their views through attending team meetings. Team meetings were organised and took place on a regular basis. Staff told us they felt the meetings were important. One staff member told us, "I enjoy the group meetings."

The provider had a business plan in place with links to specific priorities for the organisation. These were displayed on a notice board for staff and any visitors to the office to see. We found the quality assurance system contained specific timescales for reviews and audits looking for patterns or trends. For example, incident and accident reporting. Findings were fed into the provider's organisational priorities. We found management meetings were held where quality was discussed and we evidenced some priorities had already been met. The service manager told us, "We are looking at a number of priorities, we have looked at recruitment and development and we are using screening to get a higher calibre of staff. Inductions are now more flexible and can take place on a weekend. " The service had also used the recently published inspection reports from other KIDS organisations to look at their quality assurance processes.

The service sought the view of parents, children and young people in relation to the quality of the service. Findings were used in driving the quality of the service by incorporating any actions into the business plan. We found positive comments had been received, for example, '[care worker] works to a very high standard' and 'happy, experienced, brilliant and good'.

Children's and young people and families personal information was held securely to maintain confidentiality of records. All electronic systems were password protected in order to safeguard against unauthorised access.

We found care reviews contained evidence to demonstrate the service worked with partnership agencies and had regular meetings with commissioners and social workers. Emails from commissioners also demonstrated partnership working.