

Kids

KIDS (London)

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

About the service:

Kids (London) provides a short breaks service to children and young people with physical and/or learning disabilities in their family homes. The service provides personal care and support to participate in activities at home and within the local community. At the time of our inspection the service was providing support to six children and their families.

People's experience of using this service:

Care and support was person centred. Children's care plans and risk assessments included guidance for staff members about their care and support needs and preferences. They had been reviewed regularly and updated where there were any changes in needs.

Staff had received training about safeguarding and knew how to respond to any allegation or suspicion of harm or abuse.

The service ensured that recruitment of new staff members included checks in relation to their suitability, such as references and criminal records checks.

Staff had received training to ensure that they were able to meet the needs of the children they supported. Staff also engaged in regular supervision sessions with the registered manager to ensure that they were able to carry out their roles.

Care plans were in place for the children and young people supported by the service. These included guidance for staff on how to provide care and support in accordance with their preferences. Individual risk assessments included information on how to manage and reduce identified risks.

Children and their relatives were involved in decisions about their care. They were also involved in approving their care and support staff before they were assigned to work with them.

Regular surveys of views of the service had taken place. These showed high levels of satisfaction. Processes were in place to manage and respond to complaints and concerns.

The provider undertook a range of audits to check on the quality of care provided. These were reviewed by the management team and actions had been taken to address any concerns.

Rating at last inspection:

The service was rated Good (Report published 7 September 2016)

Why we inspected:

This was a planned inspection based on our rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

KIDS (London)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by a single inspector.

Service and service type:

This service is a domiciliary care agency. It provides support to children and young people living in their family homes. At the time of inspection six children were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is a small service. We needed to be sure that the registered manager would be in the office.

What we did:

Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law. We contacted commissioners to seek their feedback.

During the inspection we spoke with the registered manager. We looked a range of records. This included three people's care records and two staff files. We reviewed records relating to the management of the service such as quality assurance monitoring records and policies and procedures.

Following our inspection we spoke with a family member, a staff member and a professional from a commissioning local authority.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff members had received children and adult safeguarding training.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.
- There had been no safeguarding concerns since our last inspection

Assessing risk, safety monitoring and management

- The children and young people using the service had person centred risk assessments. These covered a wide range of identified risks. For example, for mobility, epilepsy, eating and drinking, behaviour and activities at home and in the local community.
- The risk assessments included guidance for staff about how to reduce and manage any risks.
- A family member told us that staff supported their relative safely.

Staffing and recruitment

- The service had carried out checks to ensure that staff were suitable for the work they were undertaking before they started work. This included reference and criminal records checks.
- At the time of our inspection two members of staff were working at the service. The registered manager told us that they currently were recruiting new staff.
- The children and young people using the service received support from regular staff who they were familiar with.
- Children and young people and their parents were introduced to new staff members before they started work and could decide if they were happy with them.
- A family member told us that they had been involved in deciding if support staff were suitable.
- Family members signed staff timesheets to confirm that staff had worked their required hours. The registered manager told us that timesheets were not approved unless they were signed by a family member.

Using medicines safely

- At the time of our inspection staff were not supporting anyone to take prescribed medicines.
- The service had a medicines policy and procedure that reflected current best practice guidance.
- The registered manager said that training in the safe administration of medicines would be provided to any staff member who was required to support a child or young person to take medicines.

Preventing and controlling infection

- Staff received training in infection control and food hygiene as part of their induction to working at the service.
- The registered manager told us that personal protective equipment such as disposable gloves and aprons

was provided to staff carrying out personal care and food preparation activities.

Learning lessons when things go wrong

- There had been no accidents or incidents of concern since our last inspection.
- The registered manager told us that they attended a quarterly manager's forum where lessons learnt from incidents, accidents and near misses were discussed across the organisation. They said that they used information from these discussions to develop good practice in the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service provided support to children and young people with disabilities and complex support needs.
- The service assessed children and young people's needs and preferences when they started to receive support. These assessments had been regularly reviewed and updated when there were any changes.
- Family members were fully involved in assessments and reviews. Other health and social care professionals had also been invited to review meetings where required.
- Information about individual needs and cultural and other preferences had been included in the care plans of the children and young people using the service.
- Staff assisted children and young people to make choices, for example in relation to the activities that they wished to do.

Staff support: induction, training, skills and experience

- All staff members had received an induction to the service before they started work.
- Staff induction training reflected the outcomes of Every Child Matters (2003). The training also met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff members in health and social care services.
- Staff training was 'refreshed' on a regular basis. The registered manager told us that they were using a new training provider and all staff were required to complete the new training that was on offer. The service's training records showed that staff were in the process of doing this.
- Staff also received additional training in relation to the support that they were providing. For example, training in working with children with learning disabilities and supporting a child using a PEG (tube) feed.
- Staff members received regular supervision from the registered manager where they could discuss their work and personal development. Annual staff performance appraisals had also been carried out.
- Staff were subscribed to an online 'short breaks' group which was used to share information and provide a forum for general discussions and questions about working practice. They also had access to an out of hours on call service where they could discuss immediate concerns about their work with a manager.
- A staff member told us that the training and support they received was excellent.

Supporting people to eat and drink enough to maintain a balanced diet

- When we inspected the family members provided food and drink to the children and young people supported by the service.
- The registered manager told us that staff members sometimes supported children with meals. Information about individual eating and drinking needs and preferences was included in their care plans.
- The registered manager said that training would be provided to any staff member supporting a child with health-related eating and nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care

- Information about the other agencies involved in providing support to children was included in their care records. These included, for example, schools, GPs and other health professionals.
- KIDS (London) also provides other services for disabled children and young people, such as play schemes and after school clubs. The registered manager told us that they maintained good links with other children's services within the local authority areas where they worked. This included links with schools, social services, parent's groups and other providers of support for children with disabilities.
- The registered manager had attended meetings and reviews with other providers to ensure that the service was meeting the needs of children and young people.

Supporting people to live healthier lives, access healthcare services and support

- Information about children's healthcare needs was included in their care plans. This included guidance about how specific health needs should be supported. For example, an epilepsy care plan included information about how to recognise a seizure and how to support the child during and following a seizure.
- Staff were provided with training in relation to individual healthcare needs. For example, administration of emergency epilepsy medicines.
- Children's care plans included details of their health needs, their prescribed medicines and the health professionals involved with their care.
- When we inspected staff were supporting children at home with their parents present. The registered manager told us that parents or other family members undertook most of the contact with GPs or other professionals. They said that it was important that staff had immediate access to contact details of relevant healthcare providers should the parent go out, or where they may be supporting children in the community.

Ensuring consent to care and treatment in line with law and guidance

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 we inspected the service was supporting children under the age of 16. This meant that the provisions of the MCA did not apply. However, information about capacity to make decisions about their support was included in their care files.
- Parents had signed consent forms to show that they agreed with the support provided by the service.
- Staff members had received training in MCA and Deprivation of Liberties (DoLS). DoLS is part of the MCA and requires the need to seek authorisation where any person is under continuous supervision and control for their safety.
- The registered manager told us that the service sometimes worked with children and young people over the age of 16 so it was important that staff members understood their responsibilities in relation to the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative said, "Staff are great. They really understand [child's] needs."
- Information about equality and diversity needs and preferences was included in the care plans for children who used the service.
- The registered manager told us that the service recruited people who could meet the needs of the children and young people they supported. If there were any requests to provide culturally or other specific care needs, they would make efforts to recruit staff who were able to address these.

Supporting people to express their views and be involved in making decisions about their care

- Information about the communication needs of children who used the service was included in their care plans.
- The care plans included guidance for staff members about how to support individual communication requirements. For example, descriptions of how children supported by the service showed how they consented to care and support through body language and facial expressions.
- Details of the Makaton signs that one child used to communicate was included in their care plan.
- Children and their parents had been involved in making decisions about their care. A parent said, "Staff always check when they are supporting [child]".

Respecting and promoting people's privacy, dignity and independence

- Information about supporting children's privacy, dignity and independence was included in their care plans. These described what children could do for themselves and the support that they required. They also provided guidance for staff on ensuring that care and support was provided in a respectful way.
- A family member told us that staff spoke with their relative in a respectful way and ensured that they maintained privacy at all times.
- The service has policies on privacy, dignity and confidentiality. Staff members were required to demonstrate that they had read and understood these during their induction to working at the service. Regular updates about these policies were provided to staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service had developed person-centred care plans for the children they supported. Care plans included guidance for staff about how support should be provided. They included, for example, information about individual preferences, communication needs, personal care support, mobility and preferred activities.
- Care plans were regularly reviewed and updated where there were any changes in a child's support needs. Information about changes had been immediately provided to staff.
- Family members had been involved in reviews of their relative's care and support.
- Staff completed a 'short breaks diary' for each support session. This provided information about the activities staff had supported the child to do and included sections for what they liked and didn't like about these. These were reviewed on a regular basis and discussed with staff members during their supervision sessions.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was available in accessible formats where required.
- A family member told us that they were aware of this and knew what to do if they had a complaint.
- We looked at the service's complaint's records and saw that no complaints had been raised since our last inspection.
- The registered manager told us that complaints and concerns were monitored by the provider and discussed at regular management meetings to identify any changes that may be necessary. For example, a mobile phones policy had been introduced for staff.

End of life care and support

- At the time of the inspection no one was receiving end-of-life care.
- The service had policies in relation to supporting children with life limiting conditions.
- The children supported by the service lived at home with their families who would take the lead on end of life care in partnership with the service and other health and social care professionals.
- Information about people's religion and cultural preferences was contained in their care plans if this support was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Arrangements were in place to ensure that children and their families were the focus and central to the processes of care planning, assessment and delivery of care and support.
- The registered manager was committed to ensuring that support was provided in the best way possible for the children and families who used the service. They told us that they did their best to ensure that there was a culture of continuous improvement.
- Information about the aims and objectives of the organisation were regularly circulated to staff and discussed with them during their management supervisions.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had carried out regular quality assurance monitoring of the service. This included reviews of people's support and monitoring of records.
- Regular monitoring of care practice and records had taken place.
- The registered manager understood their responsibilities in notifying local authorities and CQC about incidents and concerns where appropriate.
- The service provider had systems in place to analyse and act on concerns in relation to quality and safety at the service. Information about quality issues and actions were provided to staff on a regular basis. These were discussed with staff during their regular supervision meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual satisfaction surveys of views about the service had taken place. These showed high levels of satisfaction.
- Periodic spot checks of satisfaction with the care and support provided by staff had also taken place.
- A family member told us that they were asked for their views about the service on a regular basis.
- The registered manager said that the service would ensure that surveys and other quality assurance monitoring with children and families would be undertaken in relation to language and other cultural requirements where this was required.

Continuous learning and improving care

- The registered manager attended regular regional meetings where they could discuss and agree actions in relation to service learning and improvements.
- There was a culture of openness and continuous learning within the service. A staff member said, "I feel I am listened to. I get information I need to help me do my job." A family member told us that the information that they received was helpful to them.
- Information received through quality assurance monitoring had led to improvements to the service. For example, the recent policy in relation to staff use of mobile phones had been developed because of feedback from family members.

Working in partnership with others

- The service worked with other health and social care services to ensure that children and families received the support that they needed.
- A professional from a commissioning local authority told us that they "rate KIDS highly."