

Action for Children

# Action for Children

## Inspection report

3 Cubitt Street  
London  
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15 March 2017

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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 15 March 2017. This was an announced inspection and the provider was given 48 hours' notice. This was to ensure that someone would be available at the office to provide us with the necessary information. This was the first inspection of the service since it registered with Care Quality Commission in November 2015.

Action for Children provides short breaks for children with disabilities including autism. This includes activities with children in their home and within the community and personal care such as help with washing and dressing. At the time there were seven children using the service who received personal care.

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.

Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding children and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed current risk assessments were in place for all people using the service. Risk assessments explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person.

There was a comprehensive staff induction for new employees and on-going training programme. Staff had regular monthly supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

Care plans were person centred and updated regularly. Care plans contained details of the child's likes and dislikes, favourite pastimes and cultural and religious information.

Children were supported to be independent by attending regular activities and daytrips and relatives told us this had a positive impact on the child and their family life.

The service was registered to support children and young people under the age of 18. At the time of the inspection they were not supporting people over the age of 16 years, therefore the legal requirement to consider people's mental capacity and ability to make decisions was not required.

The service had not received any complaints since it registered. There was a complaints procedure in place and relatives were confident that they could complain, if needed.

There were quality assurance measures in place to monitor quality of care provided and relatives had regular opportunities to provide feedback.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. There were sufficient staff to ensure that people's needs were met.

Staff were aware of different types of abuse and what steps they would take if they had safeguarding concerns.

Risks to people who use the service were identified and managed effectively.

Although the service did not currently administer medicines, all staff had received medicines training.

### Is the service effective?

Good ●

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

The service supported people in healthy eating.

### Is the service caring?

Good ●

The service was caring. We received positive feedback from relatives regarding the caring nature of staff.

Care plans were detailed and provided information about people's needs, likes and dislikes.

### Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and reviewed regularly.

People were supported to attend a wide range of activities and were supported to increase independence.

The service had a complaints policy and relatives were confident they could complain if needed.

## Is the service well-led?

Good 

The service was well-led. Relatives and staff told us the registered manager was approachable and provided assistance when needed.

The service had an open and positive culture.

The quality of the service was monitored. There were systems and plans in place to make improvements.

# Action for Children

## **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 checked 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 15 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us during the inspection. This inspection was completed by one inspector.

Before the inspection we reviewed the information we already held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to three relatives to ask for their views about the service. We also received feedback from three staff who worked at the service, the deputy manager and registered manager.

As part of this inspection we reviewed four care records of children being supported. We also looked at the induction, training and supervision records for all of the staff team as well as policies and procedures relating to the service.

# Is the service safe?

## Our findings

Relatives told us their children were safe with staff and well treated. A relative told us, "They are very good for [my relative]. They are doing very good."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding children. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse concerns outside of the organisation to the local safeguarding authority and the CQC. Staff were knowledgeable around whistleblowing.

Children using the service were supported by a small team of core care staff. The registered manager told us that following an isolated incident of a staff member calling sick and the service being unable to carry out the visit, the registered manager implemented a staff back up system which meant that additional care staff were introduced to the child and their family in the event of the main care staff being unable to complete the visit. This meant that children, their families and the carer were familiar with each other.

Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) prior to employment to make sure people were suitable to work with vulnerable children. Records confirmed that staff members were entitled to work in the UK.

At the time of the inspection, staff were not supporting children with medicines. However, staff had received medicines training which included emergency medicines for epilepsy and how to administer specific medicines in case of an allergic emergency. The service had an up to date medicines policy in place for staff to follow if they were required to support children with medicine administration.

We saw that risk was managed effectively. Current risk assessments were in place for children which had been signed by their parent. Risk assessments identified the hazard to the child, such as absconding or behaviour that challenges; who was at risk and the agreed strategies to mitigate the risk. We saw that as a result of the risks associated with one child's care plan, an additional carer was allocated to the package to ensure safety at all times. On another risk assessment, we saw detailed guidance provided to staff to work effectively with the child's behaviour that challenged.

Some children using the service had medical conditions such as epilepsy. However, significant medical conditions were not included in the individual child's risk assessment in their care file. We discussed this with the registered manager who told us and demonstrated that there was a centralised risk assessment for all children which included risks such as allergies, risks associated with specific medicines, medical conditions and behaviour that challenged. This risk assessment was sent to staff and also displayed in the staff room and individual risks to children were regularly discussed during weekly team meetings.

The service had an overall risk assessment which assessed environmental risks, health and safety risks and

risks associated with children's behaviours. Actions were identified to reduce the risks such as obtaining a Pica box. A Pica Box is a box containing items safe to chew for people who attempt to eat inedible objects.

Accidents and incidents were uploaded onto an electronic monitoring system and on a quarterly basis were analysed for trends and triggers for behavioural incidents. Action was taken when trends emerged to reduce the likelihood of incidents.

## Is the service effective?

### Our findings

Relatives told us they felt staff had the skills and knowledge to enable them to meet their relatives care needs. A relative told us, "[My relative] learns from them. Even I learn from them." A second relative told us, "The staff I met seemed trained."

Staff had the knowledge and skills which enabled them to support people effectively. New staff completed an induction which included mandatory training, introduction to risk assessments, accident and incident reporting, policies and procedures and a period of shadowing within which time they were introduced to children and their families.

There was a comprehensive mandatory training programme in place. Mandatory training included; safeguarding children, first aid, behavioural training, food hygiene, epilepsy and emergency medicines. Staff told us they received training on a regular basis. Staff were also being supported by the registered manager to complete the Care Certificate. The Care Certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. One staff member told us, "At the moment I am doing the Care Certificate. I have regular training, first aid, epilepsy and I did safeguarding training last week." A second staff member told us, "They provide a lot of training. It always boosts our information levels and makes me more confident in dealing with situations, for example epilepsy." The registered manager had recently completed Level 5 Diploma in Leadership for Health and Social Care in Children and Young People's Services.

Staff told us that they received regular supervision from the registered manager which was evidenced from reviewing staff files. Records showed that during supervision sessions the staff members training needs and their overall job performance were discussed along with the topics such as maintaining dignity, policy updates and safeguarding. Annual appraisals were also carried out which assessed training needs and the values of the service were discussed with the staff member.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service was registered to support children and young people under the age of 18. At the time of the inspection they were not supporting people over the age of 16 years, therefore the legal requirement to consider people's mental capacity and ability to make decisions was not required.

Care plans and risk assessments were signed by parents of the children supported.

Generally, the service supported children to engage in activities or access the community, some of which was at the Action for Children day centre. Children were provided with lunch which was recorded on their

care notes. The registered manager told us that the service working with the local authority to be awarded healthy status. The registered manager told us that changes made to achieve this accreditation included; implementing a physical activity and healthy eating policy, implementing a lunchbox policy regarding sugary food and offering a breakfast club instead of snack time. The registered manager told us that the instances of behavioural incidents in children had been reduced as a result of the dietary changes made.

The service did not take primary responsibility for ensuring that healthcare needs were addressed. However, the service required that any changes to children or young people's condition observed by staff when caring for someone were reported to the registered manager and their parent. The service also engaged on a regular basis with the children's multi-disciplinary team for review meetings. A professional involved with the service told us that the service was approachable and communicated effectively.

## Is the service caring?

### Our findings

Relatives we spoke to were complimentary about the staff that supported their children. One relative told us, "I did find the staff caring and helpful." Another relative told us, "[My relative] accepts them and they are very kind to him. They do a very good job." A third relative told us, "We are very happy with them." We looked at compliments the service received from relatives, where staff were thanked and relatives expressed that their children were happy.

Staff spoke positively of working with the children the service supported. A staff member told us, "The children really love to come here [to the day centre]." Another staff member told us that they appreciated that it may be difficult for the child, when they are first introduced to the care staff. They told us, "I would speak to the parents first and find out what the child needs. I would talk to the child, play with their toys with them and make them feel comfy."

Relatives told us that staff respected their child's privacy and dignity. A staff member told us that when supporting the child with attending the bathroom, they would ask the child if they were comfortable with them assisting or if they would prefer another staff member. Staff told us that they ensured people's privacy was always respected.

Care plans were person centred and contained detailed information about the needs of the child they were supporting. Care plans contained an 'About me book' which detailed information such as allergies, medical conditions and how to support the child when they were experiencing ill-health. In one care plan we saw that when a child experienced ill health, in addition to escalation of the concern, staff were advised to support them by providing hugs to comfort them. Care plans detailed likes and dislikes, favourite music and television and details of the child's school life including teachers and friends. Care plans contained information about the child's cultural heritage and religious beliefs. One family had requested a female carer which had been provided by the service.

## Is the service responsive?

### Our findings

Children were supported to engage in a wide variety of activities to encourage relationship building with peers and learn new skills such as taking turns and sharing. Activities included day trips to the zoo, bowling, cinema, trampolining and attending the day centre at Action for Children. A relative told us, "They go out on trips a lot and [my relative] loves that. He loves the outdoors." A second relative told us, "He goes to different places and different activities."

Prior to providing care to a child, the service completed a comprehensive pre-assessment which included the registered or deputy manager visiting the family home, completing a care plan and risk assessment. For the first three sessions, the parent would be involved in the session and then care staff would work with the child in their home to ensure the child was comfortable with care staff before they went into the community. A relative told us, "Yes, I was involved. [Named staff] came here and sat down and discussed the service. I told her about [my relative's] needs."

The service supported children to learn new skills and become independent. Relatives told us and care records showed that children and young people being supported were encouraged to do as much for themselves as possible such as travel on public transport and go on day trips. One parent told us that they were very happy with the progress their child had made. They told us, "I was surprised when [my relative] went to the cinema by train. I was so surprised I told my family. Even I, my sister and friend will try to bring them out now."

The deputy manager told us that the service makes a difference to children which in turn impacts on their families, such as the way mentioned by the parent above. By working with the child to go out in the community and including family members in this, the service was working to make a difference in the lives of the families who previously struggled to have family trips or spend time together in the community. The deputy manager gave another example of a parent taking their child to an activity for the first time alone as a result of the behavioural progress the child made since attending activities with care staff.

Relatives told us they felt confident about raising concerns or complaints regarding the service and had no complaints. We looked at the service's complaint log and noted that there were no complaints received since the service registered. A relative told us, "I have no complaints. I know what to do [if I need to make a complaint]."

Care plans were reviewed on a regular basis. The service often provided care for people on an ad hoc basis or during school holidays. Records seen confirmed that the service consulted with relatives after a gap in care to check if needs had changed or if there were any new issues staff needed to be aware of.

Daily records were completed by the care worker after each session with the child. The office kept a copy of the record and the original was provided to the family for their records. Records detailed activities the children completed, whether they enjoyed the activity, what they liked about the activity and what they achieved during the session, for example; good listening, helping and colouring. The completed forms were

reviewed and signed off by the registered manager or deputy manager which ensured any concerns could be picked up and escalated where necessary.

In addition, the registered manager also completed a regular observation sessions with the children and assessed their progress against developmental goals and set new goals such as learning road safety, travelling on public transport and making positive choices.

## Is the service well-led?

### Our findings

We received consistently positive feedback from relatives and staff regarding the way the service was managed. Comments from relatives included, "[Registered manager] is so kind to us. The [deputy manager] is so kind. The other staff are very good. It's a very good organisation. They don't come late" and "[Registered manager] always texts and phones me and lets me know what's happening." The registered manager had recently completed Level 5 Diploma in Leadership for Health and Social Care in Children and Young People's Services.

From discussion with care staff and managers it was apparent that morale and motivation was high. Staff told us they felt supported and valued by the registered manager. Comments from staff included, "They are very supportive [registered and deputy manager]", "The managers are always there when I need help" and "It's well led. There is very good training and opportunities and we are encouraged to make suggestions." We received positive feedback from a professional involved with the service regarding the accessibility of the service and responsiveness to families changing needs.

Staff told us that meetings took place on a regular basis which was confirmed by records seen. A staff meeting took place on a weekly basis either before or after a Saturday session at the Action for Children centre. Meetings also sometimes incorporated training. Minutes confirmed that risks to children were discussed, along with updates to policies. A staff member told us, "We have a lot of meetings to go over what can be improved or learned. When we have meetings, we can suggest things and they take my feedback."

Families were contacted on a quarterly basis to provide feedback. This was to measure satisfaction for children and their families in order to ensure a high quality service was being delivered. Feedback seen was positive and relatives were asked to confirm that they knew about the complaints process at the service.

There were quality assurance systems in place at the service to monitor quality of care and ensure high standards. In addition to regular supervisions and observations by the registered manager and requesting feedback from people, analysis of accidents and incidents. External quality monitoring checks were completed by the placing local authorities which were overall positive. We saw that one recent quality check recommended that staff undergo a three yearly DBS check which was completed by the service.

The registered manager reported into a Children's Services Manager who completed a quarterly quality check of the service which included reviewing care plans. Since taking over the service, the registered manager had implemented a number of changes such as monitoring training, supervisions and appraisals, the creation of staff files which contain recruitment documents and training records and the centralised risk assessment.

The service had a business plan in place to make service and quality improvements to supporting child development, the environment and premises, working with parents and families, staff development, co-working and working with the community.