



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

KIDS (Southeast)

**Delta House
Salterns Lane
Fareham
Hampshire
PO16 0QS**

Lead Inspector
Michael Gough

Key Unannounced Inspection
25th February 2008 09:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	www.csci.org.uk

This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

SERVICE INFORMATION

Name of service	KIDS (Southeast)
Address	Delta House Salterns Lane Fareham Hampshire PO16 0QS
Telephone number	01329 312312
Fax number	01329 312300
Email address	enquiries.southeast@kids.org.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	KIDS
Name of registered manager (if applicable)	vacant post
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 27th July 2006

Brief Description of the Service:

KIDS Domiciliary care provides services for children, young people and their families on three different levels. 1. A Sitting service 2. A befriending service and 3. A Shared care service

The sitting service provides care by a paid carer in the service users own home, which enables parents to take a short break. The main focus of care being for a young person with disabilities but may at times include siblings.

The befriending service provides one to one care for young people with disabilities mostly out in the community on leisure activities.

The shared care service provides paid carers to assist parents of children with complex needs in their own home during very busy periods, and fees for the agency are £15.60 per hour.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

The purpose of the inspection was to assess the quality of service provided since the last key inspection, which was carried out in July 2006. Evidence for this report was obtained by speaking with 6 relatives of service users and 4 members of staff. Also as part of the inspection process an unannounced visit to the agency was carried out on the 25 February 2008, when we had the opportunity to speak with a director of the service and we were also able to read and view records held at the agencies office.

Prior to the visit to the agency we received an Annual Quality Assurance Assessment (AQAA) from the agency and this provided further evidence of how the agency is meeting the Key National Minimum Standards.

What the service does well:

The agency provides a range of flexible services to support young people and their families. The relatives of service users spoken to were very happy with the support they receive from the agency and its staff.

The families of service users spoken to said that carers were always polite and friendly, they were always treated with dignity and respect and that they were always able to have a choice in the way that support was given.

Carers spoken to stated that they enjoyed working at the agency and that they were always well supported, they said that they had an excellent relationship with the service users they support.

The agency operates a thorough recruitment process and staff have CRB checks completed every 3 years.

The agency shows a commitment to the training and development of staff and those staff members spoken to said that the training they received was good and enabled them to carry out their jobs effectively.

What has improved since the last inspection?

Since the last inspection the agency has been exploring different ways of providing a service where recruitment is difficult and the agency has been able to provide a service to some people who have been waiting some considerable time.

What they could do better:

There were no requirements or recommendations made as a result of this visit, however improvements could be made to the way records concerning service users are stored, currently they are not all kept in service users files and this does not provide easy access to some information. We discussed this issue with a director of the service who said she will be speaking to the manager to re-consider how records are filed and stored.

The manager of the service has just satisfactorily completed his probationary period and has been confirmed in post, he will now need to apply to be registered with the Commission for Social Care Inspection.

No other areas were identified as needing improvement on this occasion.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

User Focused Services (Standards 1-6)

Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

Organisation and Running of the business (Standards 22-27)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

2

Quality in this outcome area is **Good**. This judgement has been made using available evidence including a visit to this service.

Service users undergo an assessment of their care needs prior to the agency providing a service.

EVIDENCE:

Referrals come to the agency through social services and they carry out an initial needs assessments before contracting with the agency. Once a referral is received the agency then arranges to meet the service users and their family and together they make up a Child portfolio which contains as much information as possible about the family and service user, this is agreed by all concerned and this gives clear details of the service to be provided. Once this portfolio is completed the agency makes up a care agreement with the

service user, their family and the funding authority. Families spoken to confirmed that this process takes place and they told us that they were very happy with the way the assessment was carried out and said they were fully involved in the process. A care manager spoken with also confirmed that the assessment process is thorough and involves all concerned. Needs assessments and care portfolios were seen for 4 service users and these were comprehensive documents, which gave the agency they information they needed to make an informed decisions on what type of service the agency could offer.

Personal Care

The intended outcomes for Standard 7 – 10 are:

7. The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
8. Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
9. Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
10. The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8 & 10

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The care needs, preferences and personal goals are contained in care portfolios and there is clear recording after each visit, however the agency needs to re-consider how this recording is stored. Users of the service and their families are treated with dignity and respect and feel valued.

The agency has clear policies and procedures for staff with regard to medication and this helps to protect service users.

EVIDENCE:

Care portfolio's were looked at for 4 users of the service and 3 of the 4 contained information on: Personal Care, Feeding, Communication, social skills, religion, behaviour, daily routines, likes and dislikes, and hobbies and interests. There was parental consent forms for actions in the event of an emergency and details of contacts, activities and spontaneous outings. The portfolio's for one person did not contain any information on the type of

support that was required and due to the manager being unavailable it was not clear where this information was held. All care portfolios are regularly reviewed and families and service users are involved in this process. Staff complete an observation form after each session with the service user and this gives information on what support staff have given and also provides information on how the session went. A copy of the observation sheet is kept in the agencies office, however they are not kept in the service users file so it is not always easy to check the progress being made or what activities they have been involved in. We discussed this issue with a director of the service who said she will be speaking to the manager to re-consider how records are filed and stored.

Families spoken to confirmed that staff are always polite and courteous and treat themselves and the service users with dignity and respect. The agency has policies and procedures with regard to equal opportunities and this is covered during staff induction.

Medication needs are discussed with the service user and their family at the initial assessment and families sign an agreement with regard to staff supporting service users with medication if this is needed. The home has clear policies and procedures for staff regarding medication and this is contained in the staff handbook. Training is provided for staff that need to support service users with medication.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

11, 12 & 14

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The health safety and welfare of service users are promoted and protected and risk assessments are undertaken to reduce the risk of accidents or harm happening to service users or staff.

The agency has Child Protection Policies and Procedures in place and staff receive training to ensure service users are protected.

EVIDENCE:

The agency has comprehensive policies and procedures with regard to health and safety and staff are issued with staff handbook and also a health and safety handbook. Training is provided regarding health and safety as part of

the agencies induction process and this was confirmed by staff members spoke to.

Each service user has a comprehensive risk assessment carried out and this covers all identified risks and includes information on the action to take to minimise any risks. There are also comprehensive risk assessments undertaken on the environment if staff are expected to support service users in their own home.

The agency has appropriate policies and procedures in place for the protection of service users and staff have the child protection policies in their employee's handbook. Staff receive training on child protection as soon as they commence work for the agency and CRB checks include checks on the POC and POVA list and all staff at the agency undergo a CRB check every three years. Staff spoken to confirmed that they were aware of their responsibilities in this area and said that they receive regular updates and are regularly reminded of their responsibilities.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

17. The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
18. Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
19. Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
20. The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
21. Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

17, 19 & 21

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The agency operates a robust recruitment procedure, which helps to ensure that the health and security of service users is protected. Staff employed by the agency has the necessary skills and training to meet service users' needs. Regular staff supervision is provided and recorded and staff know that support for them is available at any time.

EVIDENCE:

Staff files were inspected for 3 staff members and all of these files contained all of the required information, including, CRB check including POVA & POCA, application form, photo and 2 x references. Staff spoken with confirmed that the recruitment process was thorough and that all checks were carried out before they commenced work for the agency.

The agency provides training for staff which is specific for their role, and training records were contained in staff files and all staff have received training on child protection, health and safety, medication, first aid, moving and handling and fire. There is a clear induction procedure and this covers the organisation, administration issues and role specific issues. Support workers carry out shadowing prior to supporting anyone on their own. Specific training is carried out by outside agencies and relevant health care professionals also provide additional training. The agency keeps a training matrix for all staff and this highlights the range of skills available to meet the needs of service users and gives information as to when refresher training is required.

Staff receive supervision at least 4 times a year in line with the NMS. Supervision notes are kept in the staff file and staff who carry out supervision have received training in this area. Due to the manager being unavailable it was not clear if supervision includes direct observation.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22. Service users receive a consistent, well managed and planned service.
- 23. The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24. The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25. The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26. Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27. The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

22 & 26

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The agency operates from permanent premises, which are suitable for its purpose and there is a dedicated manager in post, however he will need to formally apply to be registered with the Commissions for Social care Inspection.

The agency has a clear complains procedure and service users can be confident that any complaints would be taken seriously and responded to appropriately

EVIDENCE:

The agency has a dedicated manager, however he is currently not registered with the CSCI but a director of the service informed us that now that he has completed his probationary period he would be applying for registration in due course. There have been no changes to the premises since the last visit and the premises are suitable for their purpose, there are a number of offices and this provides meeting rooms and training rooms, there is secure

storage for confidential records and computers are password protected. There is a number of administrative staff that operates out of the office and they assist in the smooth running of the agency.

There is a clear easily accessible complaints procedure and a copy is issued to all service users and their families in the service users guide. Relatives spoken to confirmed that they know how to make a complaint and were confident that any complaints would be taken seriously and thoroughly investigated. The agency keeps a record of any complaints made along with actions taken and outcomes and the completed AQAA indicated that there have been no complaints received by the agency since the last inspection.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

User Focused Services	
Standard No	Score
1	X
2	3
3	X
4	X
5	X
6	X

Managers and Staff	
Standard No	Score
17	3
18	X
19	3
20	X
21	3

Personal Care	
Standard No	Score
7	3
8	3
9	X
10	3

Organisation And Running Of The Business	
Standard No	Score
22	3
23	X
24	X
25	X
26	3
27	X

Protection	
Standard No	Score
11	3
12	3
13	X
14	3
15	X
16	X

No

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

Commission for Social Care Inspection

Hampshire Office

4th Floor Overline House

Blechynden Terrace

Southampton

SO15 1GW

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI