

Key inspection report

Domiciliary care agencies

Name:	KIDS (South East)
Address:	Delta House Salterns Lane Fareham Hampshire PO16 0QS

The quality rating for this domiciliary care agency is:	two star good service
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A quality rating is our assessment of how well an agency is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Laurie Stride	1 4 0 1 2 0 1 0

This is a review of quality of outcomes that people experience in this agency. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the agency:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example User focussed services)

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people using this domiciliary care agency experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Domiciliary Care Agencies can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the agency

Name of agency:	KIDS (South East)
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Provider web address:	www.kids.org.uk

Name of registered provider(s):	KIDS
Name of registered manager (if applicable)	
Mr Christopher Grant Roberts	
Conditions of registration:	
Date of last inspection	<input type="text"/>
Brief description of the agency	
<p>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</p> <p>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.</p> <p>The befriending service provides one to one care for young people with disabilities mostly out in the community on leisure activities.</p> <p>The shared care service provides paid carers to assist parents of children with complex needs in their own home during very busy periods.</p>	

Summary

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

The quality rating for this agency is:

two star good service

Our judgement for each outcome:



How we did our inspection:

We (the commission), carried out an unannounced visit to the agency premises on 14/01/10. This visit was part of a key inspection of the service, which takes into account all the information we have received about the service since the last key inspection on 25/02/08. The information included the agency's Annual Quality Assurance Assessment (AQAA), which the project coordinator sent to us prior to this visit. The AQAA is a self assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service. Before our visit, we had sent survey questionnaires to the agency to distribute to people who use the service. At the time of writing this report we had received completed questionnaires from four of the people who use the agency.

During this key inspection visit we spoke with the project coordinator, who is applying to be the registered manager. We spoke with the responsible individual for the service and the assistant project manager. We also looked at samples of records kept by the agency in relation to the running of the service.

What the agency does well:

The agency involves the people who use the service in the assessment and support planning process, so that the service provided is responsive to the individuals changing needs. The agency has policies and procedures to ensure that support is provided in ways that promote the independence and uphold the privacy and dignity of those receiving it. People who work for the agency are checked thoroughly prior to their employment and this helps to protect the people who use the service. Staff members receive ongoing training so that they have the knowledge and skills to meet peoples' needs. The agency premises are suited to their purpose and there are systems in place to ensure the smooth running of the service.

People who use the service told us the agency staff that visit them know what they need help with and how they like this to be done. We asked people what is the best thing the agency staff do for them. One person said "Give us a break and help with the care of our two boys". Another told us "Allow the family a break and one-to-one care for the young person doing something they enjoy". Another person said "Carers feed and bathe my daughter who has severe learning difficulties. They take her swimming or to special play places in the school holidays. This means I can have family mealtimes and just spend time with my other daughter and husband".

What has improved since the last inspection?

The way that support planning details are filed makes it easier to find information and to keep track of progress.

The AQAA told us that in the last 12 months the agency has managed the waiting list more effectively, increased the number of workers able to respond to families requests, and improved communication with the referring agency.

What they could do better:

The agency is currently looking at the ways that support plans are reviewed, so that the timescales for this can be better adhered to.

Risk assessment and management plans must be recorded in cases where care workers support people in their own homes, to ensure that safe systems of working are in place.

The AQAA has identified plans to make improvements in relation to support plans and risk assessments.

We asked people what could the agency do better. One person said "Nothing". Another person told us "The carers we have now are brilliant. Previously we have had carers who did not turn up. This problem was sorted out by KIDS as soon as possible".

If you want to know what action the person responsible for this agency is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.
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order line 0870 240 7535.

Details of our findings

Contents

User focussed 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)

Outstanding statutory requirements

Requirements and recommendations from this inspection

User focussed services

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People are confident that the agency can support them. This is because there is an accurate needs assessment, which they, or someone close to them, have been involved in. This tells the agency all about them and the support they need and is carried out before they are offered a personal domiciliary care service.

People and their relatives can decide whether the agency can meet their support needs. This is because they, or someone close to them, have got full, clear, accurate and up to date information about the agency. People know that the agency can meet their needs because staff have the skills and experience to give them the care they need. If they decide to use the agency they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the agency that includes how much they will pay and what the agency provides for their money. People are confident that the agency handles information about them appropriately. This is because the agency follows their policies and procedures. They get a consistent, and flexible care service from reliable and dependable staff members.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's support needs are individually assessed before they receive a service, so that they and the agency can be sure these needs can be met.

Evidence:

The AQAA told us that the service does well at involving the families in comprehensive assessments of specific care requirements and working in partnership with other agencies.

During our visit we looked at the records of three people who use the service. These contained assessments carried out before a service was offered, including written care management assessments from social services who made the referrals. Following the assessment, the agency arrange a meeting with the parents and the young person.

Evidence:

The agency work on matching the person who will receive the service with the most suitable care worker, based on the workers skills and personality and the response to them from the young person. The family are then involved in drawing up a portfolio, which contains as much information as possible and gives details of the service to be provided. An agreement between the agency, family and funding authority is then signed and the agency follow this up with a telephone call to the family to check that everything is alright to go ahead.

Personal care

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the agency is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. Their right to privacy is respected and the support they get from workers is given in a way that maintains their dignity. If people take medicine, they manage it themselves if they can. If people cannot manage their medicine, the agency supports them with it in a safe way.

People's needs and goals are met. The agency has a plan of care that the person, or someone close to them, has been involved in making. They are able to make decisions about their life, with support if they need it, as the staff promote their rights, choices and independence.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Individual care needs, preferences and personal goals are generally well recorded. People who use the service are treated with respect and their right to privacy is upheld. The agency's policy and procedures on medication and health related activities protect people who use the service.

Evidence:

The AQAA told us that portfolios are used to record individual needs, care plans and detailed information about medication and diets. We looked at the care portfolios of three of the people who use the service. These were well organised and gave clear guidelines for staff giving support to meet the needs of each individual. Parental consent forms were on each file in relation to actions to be taken in the event of an emergency and there were details of contacts and activities. Each activity session is recorded along with evaluations and any incidents. Risk assessments are also completed with the involvement of the families. We discussed with the project coordinator the need for some specific risk assessments in relation to staff working in people's home environment (see the section on Protection).

Each portfolio had dates written in them when reviews were due and some of these

Evidence:

were overdue, however there were updates recorded in the daily records. The AQAA told us that the agency is looking at the way reviews are carried out. The project coordinator told us that copies of the support plans are not usually kept in people's homes and that the agency is looking at the possibility of this happening. This would help ensure that any changes in the support required are communicated, for example if there was a change of workers. The project coordinator told us how any changes are currently communicated via parents and workers and through staff supervisions. Rotas may be sent to parents who request these, while others prefer more flexible arrangements made by telephone.

The support plans we saw were written in a way that promoted independence and upheld the privacy and dignity of those receiving personal support. The AQAA told us that the agency has policies on confidentiality of information and provision of non-discriminatory practice. We received completed survey questionnaires from four people who use the service. All said the care staff that visit them know what they need help with and how they like this to be done. Each of those who responded indicated that the care staff listen to what they tell them about how they want to be supported.

Medication and health related needs are discussed with the individual and their family at the initial assessment and families sign an agreement with regard to staff supporting people 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. We saw staff records showing that training is provided for staff members who need to support people with medication.

Protection

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People using the agency are safeguarded. This is because the agency follows health and safety procedures, keeps records appropriately and ensures their staff follow policies and understand the importance of assessing risks. The agency safeguards people from abuse, neglect and self harm and takes action to follow up any allegations.

People are confident that their property and money will always be safe as the agency follows the right procedures. Their health and rights are safeguarded as the staff keep an accurate record in their home of all the support they give them.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health, safety and welfare of people who use the service are promoted and protected. However, some further recording is needed of risk assessments 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 people who use the service are protected.

Evidence:

The AQAA stated that there are health and safety policies clearly set out in the staff handbook and staff sign up to these. During our visit we also saw that the agency has a website containing staff documents and procedures for ensuring safe working practices. These included safeguarding adults and children procedures and policies on physical contact, confidentiality, medication and lone working. The AQAA stated there have been no safeguarding adults/children issues. The staff records we looked at showed that the staff members had undergone thorough checks prior to their employment and received training in child protection awareness.

The AQAA told us that risk assessments are carried out and recorded at the same time that portfolios are completed. These are updated when there are further visits to the

Evidence:

family and young person. We saw examples of these in the support records we looked at, which included health related activities and moving and handling. We also saw records showing that the named carers had received the relevant training to carry out these tasks. A good deal of general safety information was contained in the risk assessments for working with individuals, but specific risk assessments in relation to the environment in cases where staff are expected to support service users in their own home, were not available. A requirement has been made to have these records in place and the project coordinator said this will be done.

Managers and staff

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People have confidence in the staff at the agency because checks have been done to make sure that they are fit to do the job. Their needs are met and they are supported as the staff get relevant training, support and supervision from their managers.

People have safe and appropriate support because the staff providing their care are qualified and competent. They are confident that the staff that provide their support are clear about their roles and responsibilities.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service are protected by the agency's staff recruitment practices and their needs are met by suitably trained and supervised staff.

Evidence:

The AQAA told us that there is a code of practice for the recruitment of staff. During our visit we looked at a sample of personnel records for three staff members. Each file contained evidence of Criminal Records Bureau (CRB) checks, Protection of Vulnerable Adults (POVA) and Protection of Children Act (POCA) checks, completed job application forms, interview notes and two written references.

The agency provides training for staff which is specific to their role and we saw records showing that staff have received training on child protection, food safety, medication, first aid, moving and handling and fire safety. There is an induction procedure that begins prior to the staff member working with people who use the service. New staff 'shadow' experienced staff prior to supporting anyone on their own. Other 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 people who use the service and gives information as to when refresher training is required. Two staff members were booked to attend train the trainer courses in March this year, after which more staff will receive the specific training on dealing with challenging

Evidence:

behaviour from children and positive handling strategies. Some staff members already have this training and were due updates.

Three out of four of the staff records we saw showed that the staff member had a National Vocational Qualification (NVQ) level 3 in working with young people, while the other person had a qualification in nursing children. All staff are sessional workers and the project coordinator told us that many are working toward child - related qualifications. Agency staff now have access to an E-learning site and the AQAA told us that the service is working toward endorsement of the training at NVQ level 2/3 in Health and Social Care.

We saw some records of staff supervision, including direct observation of workers providing support. In the period between the previous post holder leaving and the current project coordinator taking up post there had been some gaps in supervision sessions. The current project coordinator was aware of this and there is now a clear record showing when each staff member last had supervision and the dates when this is next scheduled.

Organisation and running of the business

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People get consistent and planned support from the agency because the manager runs it appropriately with an open approach that makes them feel valued and respected.

People using the agency are safeguarded because it follows financial and accounting procedures, keeps record appropriately and ensures that their staff follow policies. If people have concerns about the agency they, or people close to them, know how to complain. Their concern is looked into and action taken to put things right.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People receive a consistent, well managed and planned service and can be confident that any concerns about their care will be listened to and acted upon by the agency.

Evidence:

There have been no changes to the premises since the last inspection visit and these are suitable for their purpose. There are a number of offices and these provide private space for meetings and training. The agency has secure storage for confidential records and computers that are password protected. There is a team of administrative staff that operates out of the office and they assist in the smooth running of the agency.

There is currently no registered manager in post and there has not been since March 2007. The project coordinator was able to show us that an application to register was in progress and following this visit we received the full application and an interview date was set for March.

There is a clear, easily accessible complaints procedure and a copy is issued to people who use the service and their families in the Service Users Guide. The AQAA informed us that the agency had not received any complaints since the last inspection. The project coordinator confirmed that there is a system for recording any concerns or complaints and the actions taken to address them. We received completed survey

Evidence:

questionnaires from four people who use the service. Three said they know how to make a complaint about the care staff if they need to. One said they did not know. Two of the people who responded said the people who run the agency had asked them what they think about the care staff that visit them. The other two people said the agency had not. The project coordinator said that the agency had begun to use feedback forms and showed us a quality assurance folder he is developing, which includes the AQAA and examples of related evidence.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this domiciliary care agency. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	12	14	Environmental risk assessment and risk management plans must be recorded in cases where care workers support people in their own homes. To ensure that safe systems of working are in place.	15/03/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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