



Making Social Care
Better for People

inspection report

DOMICILIARY CARE AGENCY

KIDS - South Gloucestershire

**4a Old School House
Kingswood Foundation Estate
Britannia Road; Kingswood
Bristol
South Glos
BS15 8DB**

Lead Inspector
Patricia Hellier

Key Unannounced Inspection
24th & 31st March 2008 09:30

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

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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

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SERVICE INFORMATION

Name of service	KIDS - South Gloucestershire
Address	4a Old School House Kingswood Foundation Estate Britannia Road; Kingswood Bristol South Glos BS15 8DB
Telephone number	0117 9476111
Fax number	0117 9476126
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	KIDS
Name of registered manager (if applicable)	Ms Julia Hammond Mrs Helen Martell
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 23rd October 2006

Brief Description of the Service:

KIDS South Gloucestershire is a Domiciliary Care Agency providing care for up to 50 disabled children aged between 0 and 18 during school terms and up to 70 during summer holidays.

All children are identified and assessed to use these services by South Gloucestershire Social Services, Child Health and Disability (CHAD) team.

KIDS is a national charity whose HQ is in London. It has been delivering services for disabled children for over 30 years. The Regional Office is in Plymouth. It has been operating a Service Level Agreement with South Gloucestershire Council for the past six years.

KIDS services are free of charge.

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.

This key inspection took place over 7 hours on two days. The Registered Manager, Ms Martell, was present for the office based part of the inspection

Before the inspection the information about the agency was received from the file held in the office, surveys received from one person who uses the service, seven relatives and four members of staff. The last inspection report was reviewed together with the completed Annual Quality Assurance Assessment (AQAA) form, from the provider. 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. We (The Commission) also reviewed all correspondence and regulatory activity since the last Key inspection.

The Inspection format uses the National Minimum Standards (NMS) for Domiciliary Care Agencies. However, because this is a service for children, the Inspector takes account of the 'Every Child Matters' service outcomes throughout the report.

The accumulated evidence for this report comes from the above and also fieldwork that included discussions with two families, and four staff. Practices were discussed and documents relating to care, recruitment and health and safety were reviewed.

The one survey response we received from a user of the service told us *"they like the staff who are very pleasant and do age appropriate things"*

Seven relative's survey responses were received. The common themes were that all felt their relatives received a friendly and efficient service from friendly and reliable staff. They told us *"the agency involves the child in the community effectively"*. *"Provides a valuable service"*. *"Provides very good workers whom my son loves"*. *"Provides a service that as carer I greatly benefit from"*. The comments about improvement told us *"Improved availability of staff would be helpful"*.

Seven staff surveys were returned. Common themes were that staff felt happy with their work and the way the service was organised and managed. All staff interviewed said they *"liked the job, were never asked to care for people outside of their expertise and felt supported by the management"*. The common themes of what they do well were *"Matches children and carers"*; *"Training is always available - regular supervision and on call support"* – thus ensuring the staff have the knowledge and skills to meet the needs of children

who use the service. Another comment was the agency "*Supports families and communication systems are good*". The one area of concern was "*Lack of information sharing from the |Multi- disciplinary Team (MDT) to enable KIDS to fully do the work*".

Staff and families expressed satisfaction with the continuity of carer to service user.

What the service does well:

Families who use the service were very satisfied with the service provided by the agency. It provides a valuable service which supports disabled children and their families by focusing on the inclusion and development of disabled young people. This philosophy is evident in all its working practices.

The service is professionally managed with good levels of communication between families, Carers and the management group. Families tell us the Carers supplied by the service are very pleasant and flexible when asked to change their normal routine.

Generally the Carers appear to be able to establish a good working relationship with the families who use the service.

Policy, procedural and recording systems are sound as are the care planning and reviewing systems.

What has improved since the last inspection?

Since the last inspection the service has addressed the financial issues in respect of expenses claims.

The service has continued to provide a quality provision to assist disabled children and their families to live a fulfilling lifestyle.

What they could do better:

Service users and their families would benefit from the production of a formal annual review of the quality of its care.

Attention to detail in record keeping would ensure clear lines of responsibility and accountability for all staff, and the protection of service users.

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

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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):

1,2,3,4,5,6

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Comprehensive and clear information is provided to enable prospective service users to make an informed choice. Needs of children and families using the service are well assessed and appropriately reviewed. People who use the service benefit from a well planned and reviewed provision.

EVIDENCE:

The agency has an array of information documents which inform service users and their families about the agency's philosophy and the way that the service

will be provided. These documents also advise service users and their families of the agencies Complaints Procedure.

A comprehensive 'Service User Guide' was seen to detail the range of service provided and the expectations of the carers (Called 'Inclusion Workers) and the families using the service. The document also contains a tear-off page with the 'Contract of the Service Provision'. This must be signed by the Agency, the Carer and the parents. It is available in other formats as requested.

The Child Health and Disability (CHAD) team carry out the initial 'Assessment of Need' and the provision of a service is considered by the local authority's 'Short Term Panel'. A referral is then made to KIDS if a service is required.

KIDS provides three levels of service, 'Inclusion' where a young person is taken out to a leisure or activity pursuit by an Inclusion Worker for up to two hours per week for a maximum period of six months. The service is reviewed after three months. 'Support for families Under Pressure' which is a service intended to give parents a break from caring by an Inclusion Worker calling to the home for between 6-10 hours per week. This service is usually given for less than 6 months. 'Time for You' is a long term, sitting service which is reviewed annually.

Four service users were case tracked. Needs assessment documentation from Social Services was seen in all files. The Social Services assessment documentation was support by the agencies documentation of a home visit in which it conducts an assessment of the child, and their families needs, and creates a 'Service User Plan'. This is discussed with the appointed Inclusion Worker who makes a visit to the family with the Service Manager to clarify the finer details of the service to be provided. The service attempts to ensure that there is consistency of carer with an identified child/family.

The families contacted told us "*the staff know what to do and are very good*".

The service has a comprehensive confidentiality policy. Staff and management demonstrated a clear understanding of confidentiality. All case records containing this information were seen to be kept under secure conditions to ensure their confidentiality

All families contacted felt that their needs were understood and met by the flexible and competent care staff. They said about the staff, "*they have a very caring attitude.*" Feedback received from staff surveys verified that they had all received a three-day induction course, and were never asked to undertake duties outside their expertise.

Feedback from people who use the service and surveys indicated that they experienced a reliable and consistent service.

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, 9, 10

Quality in this outcome area is **good**

This judgement has been made using available evidence including a visit to this service.

People who use the service are treated with respect and dignity with their preferences incorporated into the service provision to assist them in maintaining control over their situations. Social inclusion and independence is promoted for service user's health and well being.

EVIDENCE:

In the four care records inspected a care plan is developed for each service user from the assessment documentation. This includes the individual's preferences, psychosocial needs and family expectations.

As part of the inspection surveys of all stakeholders were conducted. The feedback from these was that the agency promotes the social inclusion and personal development of disabled children in all aspects of the care provided.

All care staff administering medication had received training from the Epilepsy Nurse or from nursing staff from local surgeries. This was clearly evidenced in training records and staff files.

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, 13, 14, 15, 16

Quality in this outcome area is **good**

This judgement has been made using available evidence including a visit to this service.

The arrangements for the protection of people who use the service from potential risk of harm or abuse are satisfactory. People feel safe in their homes and that staff are competent.

EVIDENCE:

A comprehensive number of policy and procedures documents were seen which relate to health and safety issues, and are in line with the requirements of Standard 11. In respect of safe working practices the registered manager

ensures that the induction programme for staff covers the health and safety legislation listed in the standard

All staff receive an induction pack which informs them of all the agencies policies and procedures. This includes the agencies child protection policy and all staff receive training in child protection as part of their induction.

Risk assessments for service users whose needs include manual handling assistance or restraint, are undertaken by staff who have received specific training for this role. Risk assessments inspected showed clear actions to meet the identified needs and the appropriate control measures to minimise the risk. Risk assessments inspected had been reviewed to ensure information was current. Families told us they felt the children were cared for by competent staff.

Records showed staff have received Child Protection training and staff interviewed demonstrated good knowledge.

The service has a whistle blowing policy readily available. Staff interviewed were aware of the Whistle blowing policy and their duty of care to report any incidents of poor practice they come across.

The agency has policies and procedures in place for staff to use to ensure that people who use services are protected, safe and secure in their home. All the agency's policies are easily available to staff in the agencies office. In the surveys received from staff we are told "*Full copies of policies and procedures are available and explained well by manager*".

The agency has a well formatted Accident Book and an incident record sheet is completed by the worker and added to the young person's file. This clearly maintains records for their health and well being, as well as when care needs are reviewed and plans of care made.

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):

17,18,19,20,21

Quality in this outcome area is **adequate**

This judgement has been made using available evidence including a visit to this service.

People who use the service are confident that the staff have the skills and knowledge to meet their care needs. Recruitment practices are not always robust to ensure protection of service users.

EVIDENCE:

Service users are not always protected by the agencies recruitment practices, as not all the necessary safeguards are in place prior to staff commencing employment. Four staff recruitment records were inspected. It was not possible to see if staff commenced work prior to receiving all necessary checks, as start dates had not been recorded. None of the files inspected contained a declaration about convictions from the employee.

Criminal Record Bureau checks were available in two files; another file contained a hand written entry regarding the status of the check, but this was not signed for accountability purposes. None of the files contained evidence of identification and two files had references but these had not been dated or signed by the referee. These gaps could potentially put service users at risk from unsafe employees.

A training plan was seen identifying training needs for the coming year to ensure current good practice and staffs' ability to meet the needs of people who use the service. The manager told the inspector that priority training needs had been identified through team meetings and formal supervision. On commencement of employment staff receive a three-day induction and records of this were seen in personal files. Training is encouraged and staff told us they are keen to undertake training to ensure they have the skills and knowledge to meet service users' needs and provide a high standard of care.

Staff receive regular training in mandatory areas e.g. Manual Handling, Food Hygiene, First Aid, Fire and Child Protection as well as specialist training e.g. behaviour management and restraint. Staff told us "*Training is always available - regular supervision and on call support*". People who use the service told us that the staff are very knowledgeable and they feel confident.

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, 23, 24, 25, 26, 27

Quality in this outcome area is **good**

This judgement has been made using available evidence including a visit to this service.

Service users and their families benefit from well organised management of the service, with a clear service user focus to ensure a consistent and reliable provision. It is supported by sound policies, procedures and financial viability.

EVIDENCE:

The premises are fit for purpose and there is a good management structure in place. The service provision is perceived to give continuity and reliability. Feedback from people who use the service stated, "*the service is good and staff are wonderful*".

The agency is a registered national charity and has had a service level agreement from South Gloucestershire Council for the past five years which provides budgetary support. The service is provided to families free of charge. The service was seen to have a comprehensive range of policies and procedures intended to safeguard service users.

The management practices observed ensure the provision of a consistent and accessible service in the best interests of people who use the service. A common theme from both people, who use the service, and staff, was communication. Families told us that communication "*can be erratic at times*". Staff told the inspector that regular team meetings and the approachability of the management assisted the communication process.

All records are stored securely and used in accordance with the Data Protection Act.

The agency adheres to its Equality and Diversity policy. Both management and staff demonstrated clear knowledge and desire to meet cultural and diversity needs as and when they should arise. The office is on the ground floor and is accessible for those with a disability. Training in Equality and Diversity issues is planned for all staff later this year to ensure they are conversant with current legislation.

People who use the service feel they are listened to. People who use the service are supplied with a leaflet about complaints that includes timescales and is comprehensive to ensure they can make their voice heard and know when they will receive a response.

No complaints have been received since the last inspection. A system for the investigation and analysis of complaints exists and includes room for recording the outcome for the service user. Cards of appreciation of the service were seen. Comments included "*thank you for the service – it means a lot to us*", and another said "*we think you are great*".

A system for Quality Assurance is in place. The agency conducts a questionnaire service of all families who have received a service and copies of this are sent to the Commissioning officer of South Gloucestershire Council. The agency produces a six monthly Performance Monitoring Report for the CHAD Team Manager which measures outcomes for service users. However, it is recommended that the agency produce an annual review of the quality of care encompassing all of the elements of Standard 27.

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	3
2	3
3	3
4	3
5	3
6	3

Managers and Staff	
Standard No	Score
17	3
18	3
19	3
20	3
21	1

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

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

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

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
1.	DO17	12.1 Schedule 3	The registered person must ensure that all required information and checks are undertaken prior to a person commencing employment with the service for the protection of people who use the service	31/07/08

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
1.	DO19	The registered person obtains the signature of the employee when induction has been provided to evidence this provision and ensure employee accountability.
2.	DO21	The registered person to obtain the supervisees signature of agreement to the records for accountability purposes.

3.	DO24	The registered person to ensure attention to detail in record keeping for accountability purposes.
4.	DO27	It is recommended that the agency produce an annual review of the quality of care encompassing all of the elements of Standard 27.

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