

Kids

# KIDS (West Midlands)

## Inspection report

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12 March 2019

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Kids West Midlands is a domiciliary care agency. It provides personal care to children and young adults with physical and or learning disabilities or life limiting health conditions in their own home. At the time of inspection four people were using the service.

### People's experience of using this service:

Relatives told us they felt the service was safe. They trusted the workers who supported the children and young adults. They thought there were enough staff to provide safe care to people. Relatives said staff were kind, caring and supportive of people and their families. Privacy and dignity were respected and people's independence was promoted.

The service assisted people, where required, in meeting their health care and nutritional needs. Staff worked together, and with other professionals, in co-ordinating people's care.

Staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were other opportunities for staff to receive training to meet people's care needs. A system was in place for staff to receive supervision and appraisal and there were appropriate recruitment processes being used when staff were employed.

Staff had a good understanding and knowledge of people's care and support needs. Care plans were in place detailing how people wished to be supported. They were supported to develop and follow their interests. Risks were assessed and managed. Positive risk taking was encouraged as people were supported to take acceptable risks to help promote their independence.

People were involved in decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Information was accessible to involve people in making decisions about their lives.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their rights and their responsibility to share any concerns about the care provided.

There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns. The provider undertook a range of audits to check on the quality of care provided.

### Rating at last inspection:

At the last inspection the service was rated good (10 August 2016.)

Why we inspected:

This was a planned inspection to check that this service remained good.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# KIDS (West Midlands)

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to children and younger adults. At the time of inspection four children were using the service.

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

#### Notice of inspection:

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

Inspection activity started on 5 March 2019 with a visit to the office location. We spoke with the registered manager and reviewed records. We made telephone calls to relatives of the children who used the service and staff on 12 March 2019.

#### What we did:

Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law.

We contacted commissioners to seek their feedback.

During the site visit we spoke with the registered manager. We reviewed a range of records. This included three people's care records. We also looked at four staff files to check staff recruitment and their training records. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

After the site visit we contacted three relatives, the service co-ordinator, one senior practitioner and two support workers.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Relatives of people and staff said they felt the service was safe. Relative and staff comments included, "The workers are very good. I trust them", "Mum trusts me with [Name]" and "I do feel safe and supported working for Kids West Midlands."
- Relatives told us staff stayed for their allocated time, were reliable and arrived as arranged. One relative commented, "Staff stay the amount of time, they aren't rushed."
- The provider ensured staff completed and updated their safeguarding children and adults training regularly to ensure it remained current. One member of staff told us, "I've done children's safeguarding training. I did a child protection course. It included role play and finding out about serious case reviews and the role of the different agencies."
- Staff had access to up-to-date safeguarding policies and procedures to guide them. The registered manager told us they were the regional safeguarding lead and the organisation had just created a national safeguarding post to have an overview and lead on safeguarding.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being and any environmental risks were assessed and measures put in place to remove or reduce the risks. One relative commented, "The worker is good at assessing the risk and standing back to let [Name] develop."
- Staff described how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. Staff member's comments included, "I've done Epi-pen [emergency allergic response] training" and "I'm doing a paediatric first aid course."
- Risk assessments were reviewed to reflect people's changing needs. One support worker said, "Risk monitoring is ongoing. I can add to the risk assessment and the co-ordinator and I will jointly review it." However, for some other people's risk assessments we discussed with the registered manager that a more regular review of risk assessments should be in place. They told us that this would be addressed.
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. A staff member commented, "I have emergency telephone numbers to contact on-call." A relative said, "We have three telephone numbers, for the office and for staff members."

Staffing and recruitment

- Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met.
- The provider had an on-going programme of staff recruitment and retention. They only took on people's care packages they had the capacity to meet.

- Staff were allocated to people and the same staff provided continuity of care at each sessional visit. Relative's comments included, "We have a regular worker" and "We've had the same worker for about four years."
- Staff worked on a one-to-one or two-to-one basis with people they supported.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

#### Using medicines safely

- No people required support with their medicines from the agency at the time of inspection.
- Systems were in place for people to receive their medicines in a safe way, when support was required.
- Staff received regular medicines training and systems were in place to assess their competencies.

#### Preventing and controlling infection

- Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available for use as required to help reduce the spread of infection. One senior staff member said, "We supply the equipment, if a worker is not based near the office we take it to them."

#### Learning lessons when things go wrong

- A system was in place to record and monitor incidents including safeguarding to ensure people were supported safely.
- Any incidents were analysed individually and a monthly analysis took place to identify trends and patterns to reduce the likelihood of their re-occurrence.
- The provider ensured any issues that arose through their monitoring, were addressed with staff individually or through staff meetings.

## Is the service effective?

### Our findings

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

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

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

- The agency provided support to some children and younger adults with complex care needs including life limiting health conditions.
- People's needs were thoroughly assessed before they started to receive care. Assessments included information about their medical conditions, dietary requirements and other aspects of their daily lives.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs.

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

- The agency shared the same building with an early year's nursery and short break service provided by Kids West Midlands and care provision overlapped as some of the people also used those services.
- Assessments had been completed on physical and mental health needs.
- Staff followed professional's advice to ensure people's care and treatment needs were met.
- Staff had developed good links with health care professionals, education and specialists to help make sure people received holistic and effective care. A relative said, "We have a big meeting soon with the school and Kids staff are involved to look at [Name]'s care package."

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

- Staff supported people with the preparation of their meals and drinks where required. A relative told us, "Staff will support [Name] to eat." Staff comments included, "I prepare some of the meals. Mum will leave note on blackboard for food I'm to cook" and "I supervise [Name]'s eating because of digestion and chewing issues."
- Individualised care plans described people's dietary requirements, likes and dislikes, and the support they needed.
- Where people had specialist needs to receive their nutrition, staff received guidance and training to ensure these needs were met.

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

- Records showed there were care plans in place to promote and support people's health and wellbeing.
- Records showed that people were registered with a GP and received care and support from other professionals, such as the speech and language therapist, occupational therapist and physiotherapist.
- Staff were taught about people's individual warning signs that could indicate their condition was deteriorating. They then reported any changes to the parent and the office, for any required action to be

taken. A relative said, "Worker would let me know if [Name] was unwell."

Staff support: induction, training, skills and experience

- Relatives confirmed workers were skilled and well-trained in how to provide care. One relative commented, "The staff are very professional and well-trained."
- Staff said they received ongoing training that included training in safe working practices and any specialist needs. Staff comments included, "There are huge, awesome training opportunities. I've done four courses in the last two weeks. Courses are diverse and include Lego therapy, mental health and multi-disciplinary working" and "The manager will e mail to remind you about training."
- New staff told us they completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- Staff told us they felt well-supported. They told us they were fully confident to approach the management team for additional support at any time. Their comments included, "The organisation is really supportive, we have monthly 1:1 face-to-face meetings with co-ordinator for supervision. There are lots of opportunities to talk and have reflective practice" and "I'm brushing up on my supervisory skills as I do supervisions with staff and support the service manager."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

- The Court of Protection will consider an application from a person's relative, to make them a court appointed deputy to be responsible for decisions with regard to the person's care and welfare and finances where the person is over the age of 18 years and does not have mental capacity. The registered manager told us one person had a court appointed deputy. Another person had a solicitor who was responsible for their finances.
- There were no restrictions apart from for one person, to keep them safe with the use of a protective helmet. We saw appropriate action was taken, balancing the need for safety and with the young person's wishes respected, if they did not wish to comply.
- Staff were trained in the MCA and understood the implications for their practice. Consent was obtained from people in relation to different aspects of their care.

# Is the service caring?

## Our findings

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

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

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

- Relatives were all very positive about the care provided. Their comments included, "Care is brilliant", "The worker is thorough. If there is anything they are not sure of or don't know they'll find out and come back to us", "They [staff] are very kind and patient" and "They don't just support [Name] they support the family" and "Worker is reliable. [Name] loves worker and their friends do too."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Staff came from a variety of ethnicities and backgrounds which provided people with diversity and choice. A staff member commented, "Workers are matched with people. For example, a child may want to be more independent and go shopping without their parents. If they were interested in jewellery and hair products we may not match them with a male."
- Care plans took account of people's likes, dislikes and preferences including how they wished to be supported.
- Staff understood their role in providing people with effective, caring and compassionate care and support. One relative told us, "[Name] loves football, they do football training. Worker takes [Name] back to a football field near where we used to live and they meet their old friends."

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

- People were provided with an information pack which provided them with essential information about the service.
- Information was made available in an accessible format to people dependent upon their needs.
- Relatives and staff told us staff were introduced to them through shadowing, so they always got to meet them before they provided their care. Their comments included, "I visited the house with a worker and met Mum so I could see the environment and then met [Name]" and "We do a meet and greet with family and person to get to know about them."
- People and relatives were consulted about people's care and involved in their decisions. One worker told us, "[Name] chooses what they want to wear, after football doesn't want to wear uniform so will select other clothes to wear."
- No-one was using an advocate at the time of inspection. The registered manager told us that relatives were available to advocate on behalf of people.

Respecting and promoting people's privacy, dignity and independence

- Records showed that people were encouraged to develop their independence. One relative told us,

"[Name] is developing and becoming more independent emotionally. They need supervision when eating but is more independent." A worker commented, "I supported [Name] in a social setting as they would become anxious meeting people. Helped them to relax and become more used to meeting people."

- People's privacy and dignity were respected. A worker said, "When I visit [Name] I will go to their room to introduce myself and say I have arrived and remind them I am there to support them and do any activities they want."

## Is the service responsive?

### Our findings

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

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

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

- People's care and support was assessed and planned in partnership with them and their relative.
- Care plans and risk assessments were not always separate documents. Care plans that were in place provided some information to guide staff's care practice. However, they did not give detailed instructions of what staff needed to do to help promote the person's independence and deliver the care in the way the person wanted. We discussed this with the registered manager who told us it would be addressed.
- Care plans were reviewed routinely and when a person's needs changed. We advised the registered manager they should be evaluated more regularly to ensure they accurately reflected people's current needs. The registered manager told us this would be addressed.
- The person and appropriate relatives were involved in reviews of their care plan. One relative said, "I'm involved in care planning meetings."
- Staff were given information before care commenced and given time to read the person's care plan. Their comments included, "If I am given a new care package the co-ordinator would meet with me to discuss it" and "I 100% have information to make sure people are well-supported."
- Staff completed electronic daily notes for a person after each visit, these reflected on the person's health and well-being as well as tasks completed on the visit. Relatives told us they had access to the records which were kept electronically. They commented, "Workers write them electronically, I can see them", "I have a password" and "I'm kept up-to-date with what worker has been doing at the session as I'm copied into the emails and notes the worker writes."
- People were supported to engage in activities that they enjoyed. Staff comments included, "I support [Name] on 1:1 basis for swimming at a hydro with swimming instructor", "We go to football training", "In the house we play board games and I supervise homework", "I go bowling and to the park with [Name]" and "I support [Name] at home, they like singing."

Improving care quality in response to complaints or concerns

- A complaints policy was available. No complaints had been received. A relative told us, "I have no complaints, I know what to do if I did."

End of life care and support

- At the time of the inspection no person was receiving end-of-life care.
- Information was available about people's religion and cultural preferences if this support was required.

# Is the service well-led?

## Our findings

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

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

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

- Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- People and relatives were extremely positive about the service provision.
- The aims and objectives of the organisation were discussed with staff when they were employed.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- Relatives and staff told us the registered manager and management team were approachable.
- There was a positive culture where staff and management took pride in the care and support that they provided.
- The registered manager worked well to ensure the effective day-to-day running of the service. One staff member told us, "The manager is really good at selecting people for the management team, all my co-ordinators allow me to reflect and offload."
- Staff were very positive about the management and working for the organisation. Their comments included, "Really good organisation to work for, very well-supported", "Brilliant organisation, great staff very supportive to people who use the service and staff", "It's a good place to work" and "I really feel invested in."
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks. They included medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation.
- Regular spot checks took place to gather people's views and to observe staff supporting people. A relative commented, "I have been asked about the care. Someone came from the office."

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

- The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- Staff told us they were listened to and it was a good place to work.
- Arrangements were in place for senior members of the organisation to be more accessible to front line staff. One worker said, "The Chief Executive Officer [CEO] did a road show in Birmingham and met with staff."
  
- People were involved in decisions about their care. They were encouraged to be involved in the running of the service. One worker said, "In the organisation there is a youth participation engagement group. Young people are supported to give presentations to managers of Social Services, charities and the Clinical Commissioning Group. It's good for development of people's presentation and personal skills."

#### Continuous learning and improving care

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. There was a programme of ongoing staff training to ensure staff were skilled and competent.

#### Working in partnership with others

- Staff communicated effectively with a range of health and education professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.