

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Core Children's Services – Disability - Midlands

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Core Children's Services Ltd
Registered Manager	Mrs. Elisabeth Brownlees
Overview of the service	Core Children's Services provides personal care and support to children in the community or in their own homes to assist them in living as independently as possible. The service covers all ages to 18 years of age and in some cases beyond into young adulthood.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2012, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We carried out this inspection over a period of two days. On the first day we visited the office, reviewed people's care files, staff records and other supporting documentation. During the second day we carried out telephone conversations with four parents and one carer of people who were using the service and five care workers.

People told us they had received appropriate information before the service had commenced and they made decisions and choices about the type of support they wished to receive.

The people we spoke with told us that the service they received made a positive difference to their lifestyles. Comments made were, "It is good and helpful." and "They have opened X's eyes to things X can do."

People told us they felt safe using the service. There were clear processes in place to protect people and the care workers we spoke with demonstrated a good understanding of their duty in protecting people from unsafe practices.

Care workers had received appropriate training and support to carry out their roles effectively. The people we spoke with told us that care workers were reliable and made a positive difference to people's lives. One parent said, "They have done a lot for X. I'm really please with what they offer."

There was an effective complaints system that people who were using the service had been provided with. This meant that people could make a complaint at ant time. We found the service had received very few complaints.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People we spoke with told us they had been given all the information they needed about the service and what to expect. They said they knew who to contact if they needed to and were always treated with courtesy if they had to ask any questions about the service. They also told us that they had been involved in the planning of their care and support needs and that they could make changes whenever they wished to. One person said, "They have done a lot for X."

People we spoke with told us that their care workers were polite, respectful and knew what was expected of them when they arrived. We were also advised that care workers respected their need for privacy when personal care was provided. One parent said, "They are definitely respectful to us."

We spoke with five care workers by telephone. They were able to give us good examples of how they promoted the independence, privacy and dignity of the people they supported whilst recognising the individual needs of the person. People were supported in promoting their independence and community involvement. The family support coordinator and care workers we spoke with confirmed that each person's needs and preferences were discussed with them at the time of setting up their agreed care plan and during reviews of their care plans. A parent said, "They have been very good in encouraging X's independence."

We looked at the care plans of five people who used the service. We saw that parents had signed them to confirm that they had agreed them. The care plans identified specific information about the person's preferences, likes and dislikes. This information helped care workers in understanding the person and how they should be approached.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and their care and support was planned and delivered in line with their individual care plan. A parent told us, "They help X with socialising and activities. Core Children's Services have taught X lifetime skills." We saw that each person had their own care worker assigned to them. This meant that care workers were familiar with people's needs and knew how to meet them.

The family support coordinator told us that the agency received referrals from social workers who sent them assessments. A senior member of staff would carry out an assessment to check that all aspects of a person's needs had been covered. We saw that the recordings in the assessment forms were very detailed. Care workers we spoke with told us they make an appointment and visit the person to agree the care and support needs of people before it formally commenced.

We saw that care plans and risk assessments were available along with a system of work which identified the person's routines and how they would like their care to be delivered. We saw that these were kept under regular review. People we spoke with confirmed that care workers did everything they needed to do. They also said that the care plans were reviewed annually or when their circumstances changed but that they could request changes to be made at any time.

People we spoke with told us the support they received reflected their usual routines and preferences. We were told by care workers that they encouraged people to do what they could for themselves so that they could retain as much independence as possible with daily living tasks and skills.

We enquired about arrangements when care workers were on holiday. They told us that because parents were always available that this had never been a problem. We were advised that the care worker liaised in advance and that a parent would fill any gaps to cover for care workers. Senior staff would also receive assistance from other care workers when people requested continued support.

People told us that the system for contacting the agency outside of office hours worked well, which meant that people were able to access support at the times they needed it. The care workers we spoke with also confirmed this arrangement.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People were protected from the risk of abuse, because the registered provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Everyone we spoke with told us they felt safe and were comfortable with their care worker. A parent said, "Safe, yes definitely, no doubt about it."

We were shown a comprehensive copy of the safeguarding policy. We also saw a copy of the procedures which showed staff what action to take if they suspected that a person was being abused. Staff we spoke with confirmed that they had been given a copy of the policy and that they could also access it at the office.

We looked at the staff training details and saw that care workers had attended safeguarding training. The topic of safeguarding was also discussed during staff meetings. Each care worker we spoke with confirmed that they had received training.

We talked with the family support coordinator about the action they would take if abuse was suspected. They were clear about the need to take appropriate action if necessary. During our telephone conversations with care workers we asked them how they would respond if abuse was witnessed or suspected. They demonstrated a good understanding for the need to promptly report abuse or concerns about poor staff practices. They were able to tell us how they recognised the signs of abuse.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care, treatment and support safely and to an appropriate standard.

Reasons for our judgement

The people we spoke with said they felt fully supported by their care workers. They also confirmed that their changing needs had been met and that care workers were flexible about being asked to complete extra tasks. They said that care workers understood their needs and therefore delivered care in a way that reflected their routines and preferences. A parent commented, "I trust X implicitly and have every confidence in X."

Care workers were given the opportunity to meet with their supervisor regularly to discuss their work. They also received a review of their performance annually. During our visit to the office we saw some supervision and annual performance records that had been completed. The five care workers we spoke with told us they attended supervision meetings every month. This meant that care workers were being supported in carrying out their roles efficiently.

We reviewed the care workers training schedule and saw that they had undertaken courses that were relevant to their roles. They had also completed specialist training such as epilepsy and autism (a complex disability) to equip them with the knowledge and skills to care for people with those disorders. The care workers we spoke with told us they could request to undertake courses that were of interest to them and that management would organise for them to attend the courses.

We were shown copies of staff meetings that were held regularly. The care workers we spoke with told us they were encouraged to contribute to the meetings and to make suggestions for improvements. We saw that the minutes of the meeting held in July 2012 included comments from care workers about the organisations processes and how they could be simpler. This meant that care workers were able to influence the way they carried out their roles.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The registered provider had developed a document entitled, 'The Statement of Purpose'. We were told that a copy of this was distributed to everyone when they commenced using the service. We saw that it included the complaints procedure. The parents and the carer we spoke with told us they knew how to make a complaint. We asked them if they had made a complaint. They all said they had not had a need to raise concerns.

People were encouraged to raise concerns when they were requested to complete quality questionnaires every year. Parents we spoke with told us they would ring the office if they wished to make a complaint.

We looked at the complaints procedure that the service had in place. It informed us that people who did make a complaint would expect to receive a response within a reasonable period of time. We saw that very few complaints had been made and that they had been investigated and dealt with appropriately. This meant that people's concerns were acted upon to the satisfaction of the complainant.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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