

Heartwood Domiciliary Care Ltd

# Heartwood Domiciliary Care Ltd

## Inspection report

345 Green Lane  
Ilford  
IG3 9TH

Tel: 02085908000

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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:

Heartwood Domiciliary Care agency provides personal care and support to 3 children aged under 16, at the time of the inspection.

People's experience of using the service:

Children and their relatives were happy with the service they received.

The care children received was safe. Risks to them were identified, assessed and guidance was in place to help minimise these risks. Children and relatives received compassionate support from kind and caring staff. Children's needs were met and their privacy and dignity was respected. Their independence was promoted by staff when it was safe for them to do so. Children received consistent care that was responsive to their needs. They had regular care staff, at call times they were happy with.

Care plans were devised for each child, which were personalised according to their needs and wishes.

Staff were supported and told us they had received training and development for their roles. Staff were recruited safely and received an induction prior to starting work.

Staff supported children to maintain their nutrition and hydration. Children had access to healthcare professionals such as nurses and GPs.

The service was responsive to any concerns or comments raised and learned when things had gone wrong.

Quality assurance processes were in place to ensure the service was safe.

The management team was committed to making improvements and operated an open and well led culture within the service.

More information is in the full report.

Rating at last inspection: This was the first inspection since the location registered with us on 26 February 2018.

Why we inspected: This was a scheduled inspection. We inspected the service because it had yet to be inspected since it first became registered.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

## 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.

# Heartwood Domiciliary Care Ltd

## **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 inspector.

#### Service and service type:

The service provided personal care to children living in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service did not have a manager registered with the Care Quality Commission at the time of our inspection. 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. The provider informed us prior to our inspection that the previous registered manager had left their role and a new manager was in the process of being recruited and registered.

#### Notice of inspection:

Our inspection was announced. We gave the provider 48 hours' notice as we needed to be sure someone would be available to support us with the inspection. The inspection was carried out on 31 January 2019.

#### What we did:

Before the inspection, we reviewed information we already held about this service including details of its

registration. We viewed a Provider Information Return which is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we viewed care records including people's care plans and risk assessments; records relating to the management of the service, such as staff training records, staff duty rosters, four care plans and medicine records. We spoke with the operations manager, the service manager and a member of staff. After the inspection, we spoke with two relatives and contacted social care professionals for their feedback. We were unable to speak to children due to their specific needs.

# Is the service safe?

## Our findings

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

Good: Children were safe and protected from avoidable harm. Legal requirements were met. Risks to children were assessed and staff were recruited safely to ensure they were suitable to work with children.

Systems and processes to safeguard people from the risk of abuse:

- Relatives told us the service was safe. One relative said, "Yes, they are safe with [child] and look after them." Another relative told us, "Yes, I would say they are definitely safe."
- There were procedures in place to protect adults and children from the risk of abuse. Staff understood how to safeguard people and report any abuse and had received training. A staff member said, "I understand the safeguarding procedure. I would report it to my manager straight away."
- Staff could access safeguarding and whistleblowing policies if they had concerns about people who used the service or concerns about the practice of the service.

Assessing risk, safety monitoring and management:

- Risks to children were assessed so they could be supported to stay safe. For example, risks assessments were completed around their personal care, moving and handling, skin integrity, incontinence and risks around consumption of food and drink such as choking.
- Some children had specific long term physical disabilities and risks assessments were also in place to ensure staff knew how to manage risks and keep children safe.
- Staff were aware of these risks. A staff member told us, "Yes I have the information I need in care plans to know the risks for my client. I have been trained on using equipment."
- Staff used special equipment such as ceiling track hoists to assist children to move and transfer safely. Staff assisted relatives when using equipment. For example, in one child's care plan, it was stated, "Two persons to be present for transfers to allow for greater stability."

Staffing and recruitment:

- There were enough staff to meet children's needs.
- Relatives told us staff arrived on time to care for their children. One relative said, "[Carer] is very reliable and comes on time. At first they didn't but that was because of transport issues. It's fine now." Another relative said, "The staff are very professional and come on time and when we expect them. If there are any delays they let us know."
- Records showed that children received their care at the assessed times. If staff were running late, people and relatives were contacted to let them know.
- Safe recruitment procedures were followed to ensure staff were suitable to work with children and their relatives who used the service.
- The operations manager said, "We have high level criteria and look for staff with experience and qualifications. They need to be someone who fits into a dynamic family and home environment."
- Records showed that staff that were recruited by the provider, had previously worked with either adults or

children who required care and support. This meant staff prior knowledge and experience of care before starting their roles.

Using medicines safely:

- At the time of our inspection, children were not supported with medicines by staff. Relatives told us staff were not required to support their children with medicines because they were responsible for this. A relative said, "No I am responsible for administering my [family member's] medication. This was agreed with the manager."
- A medicines procedure was in place and staff received training on how to handle and record medicines should this be required in future. One staff member said, "We work with the parents who make sure the child takes their medicine. I don't administer at the moment but I have received training."
- The operations manager told us staff competency to administer medicines would be assessed to ensure medicines were being managed safely at all times should staff support children with their medicines.

Preventing and controlling infection:

- The provider had systems in place for the monitoring and prevention of infection.
- Staff understood the steps in order to prevent the spread of infections, such as cleansing their hands before and after supporting people. They had received training in infection control.
- Staff had access to Personal Protective Equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong:

- The provider had a system in place to record of any accidents and incidents involving people using the service.
- There was one incident recorded that had occurred since the service started operating. We saw that action had been taken and learning took place to prevent reoccurrence in future.

# 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

Good: Children's outcomes were consistently good, and their relative's feedback confirmed this. They were happy with the quality of the service.

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

- The needs of children were assessed, planned for and reviewed to ensure they received support that met their needs. This included their social activities, requirements for nutrition, personal care, medicines, mobility and healthcare.
- Children's needs and choices were assessed to achieve effective outcomes for their care. For example supporting them to maintain a healthy diet and doing so in a way that suited them.
- One relative commented, "We have seen a remarkable improvement with [child's] facial skin and the overall cleanliness in their care. [Child] is extremely pleased with the support [child] she has been getting from staff."
- Reviews of care took place when required. We saw that care plans reflected children's current needs and where changes had been identified, this was then identified on the care plan.

Staff induction, training, skills and experience:

- Staff were supported by the management team with supervision or face to face meetings to discuss any areas of concern and their overall performance.
- A staff member said, "I feel very supported and the managers give me confidence."
- Appraisals for current staff to review their performance were not due until later in the year. We saw that there was a plan in place for these.
- Staff received training to ensure they had the skills to deliver effective and professional care. A relative told us, "We are very pleased with the support from staff. They are very well trained."
- Training topics included safeguarding adults and children, infection control, moving and handling, personal care and child protection.
- New staff received an induction from the provider before commencing their roles.
- The service manager had extensive experience in supporting people with moving and handling techniques and was qualified to train staff. This helped to ensure staff could receive support and guidance from senior staff when assisting children and their relatives with moving and transferring.
- Staff were initially able to shadow the service manager providing care and support to some of the children to help them prepare for their role and learn specific techniques. This formed part of their induction.
- Plans were also in place for staff to be assessed and trained by a district nurse to administer medicines to a child via a Percutaneous endoscopic gastrostomy (PEG) tube; which is passed into their stomach to enable them to feed. A relative said, "Yes this training would be helpful for staff when they are supporting [child]."

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

- Children were supported to have enough to eat and drink. One relative said, "The carers support us with food and drink when [family member] needs it."
- When people required specific support from staff because of risks, plans were in place and followed by staff.
- For example, one child required repositioning into an upright position to eat their breakfast and another child required a straw to drink fluids to minimise the risk of choking. Staff told us they assisted them to ensure they ate and drank safely to maintain their health and hydration.

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

- Staff worked well with relatives to ensure effective and consistent care was delivered to children. A relative said, "We work with the carers to make sure [child] gets what they need."
- Staff supported relatives to contact doctors and other health professionals to ensure children had access to the healthcare support they required. Staff told us they would be able to identify when a child was unwell.
- Records showed children using the service had access to professionals including physiotherapists, occupational therapists and child development professionals.

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- Staff had received training on the MCA and were aware of the principles of the act.
- Consent forms had been completed by relatives to consent to care and treatment for their children because they were under the age of 16.
- Staff told us that they always requested consent from children and relatives before carrying out any tasks.
- A member of staff said, "Yes I have to ask for consent or permission from the child or parent."

# 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

Good: Children were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us staff were kind and caring. One relative said, "The staff are very nice and friendly. Very caring." Another relative said, "Absolutely fantastic. Lovely staff, very caring. I have no problems."
- Relatives told us staff got to know their children well and understood their needs. They were familiar with the staff, which enabled consistency of care. One relative said, "[Family member] is very happy with the carers. She sees the carers as friends now that she has got to know them."
- Staff told us they enjoyed their work and cared for the wellbeing of children and their relatives.
- One staff member said, "I have got to know the children I care for well and I understand how to treat them with care and respect."

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

- Relatives told us their children were supported to make choices and decisions by staff.
- Children and their relatives were visited before their care started to ensure their views and preferences were considered.
- Detailed care plans were developed, which reflected children's preferences and specific needs for their care. One care plan stated, "[Child] will make an informed choice and carer will support them with this."
- One relative told us, "My [family member] is extremely pleased with the support. There is no stress and the staff are very caring and respects [child's] choices and preferences."
- This showed children were supported to express their views about their care.

Respecting and promoting people's privacy, dignity and independence:

- Children's privacy and dignity was respected and their independence promoted by staff.
- One relative said, "The care provided is very respectful and dignified."
- Staff were respectful of people's privacy and dignity. They ensured that when they assisted children with their personal care, this was done in private. A staff member said, "I make sure I cover the [child] and close the door."
- Care plans were written in a way, which encouraged staff to promote independence and staff followed these plans. For example, one care plan described how staff were to support the person to be as independent as possible to "help them retain their daily living skills and confidence."
- The provider promoted the equality and diversity of children and their relatives regardless of their individual circumstances.
- Children were not treated differently or less favourably, on the basis of their specific protected characteristics such as their race, gender, disability and religion.
- One member of staff said, "We are respectful of everyone's different backgrounds and cultures."

- Staff were very aware of the importance of confidentiality. They knew how to protect the confidential information of children they supported. They told us they would not share the information with people that were not authorised to view it.

# Is the service responsive?

## Our findings

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

Good: Children's needs were met through good organisation and delivery. Children received a person-centred service from staff who understood them.

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

- Staff were knowledgeable about the children they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.
  - People and their relatives were involved in planning and reviewing their care. One relative said, "Yes we were involved in developing the care plan for [child]."
  - Children's care plans included personalised information such as their likes, dislikes and preferences. Staff used this information to provide care and support according to their wishes.
  - For example, one child's care plan required care staff to support them with social activities and stated, "Carer to plan with [child] and relative as to what the activity will be."
  - A staff member said, "We have been to the cinema and have gone bowling. There is always something different that [child] likes to do."
  - Care plans considered children's communication needs and gave staff detailed information about how best to communicate with them, to help them express their views and be involved.
  - Staff communicated with senior staff in the office and with each other to deliver effective care and support.
- Staff completed daily records, which detailed the care that was delivered after each visit. This ensured that information could be shared and followed up on, particularly if actions needed to be taken or there were specific concerns.
- A staff member said, "We have to document everything. If we don't write it down, then it hasn't happened."

Improving care quality in response to complaints or concerns:

- Relatives felt able to raise concerns on behalf of their child if required and there was a complaints policy and procedure in place. One relative said, "I would contact the office if I had a concern. The managers are very responsive when I had an issue."
- Relatives were satisfied with the responses they received when a concern was raised. A relative said, "When we had an issue, it was sorted out quickly by the service."
- Records showed that lessons were learned and improvements were made when necessary following a concern.
- No formal complaints had been received since the service registered with the CQC.

End of life care and support:

- No person was receiving end of life care at the time of the inspection but a procedure was in place should this be the case in future.

# 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.

Good: 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; and how the provider understands and acts on duty of candour responsibility:

- Children's needs were understood and respected by staff. Children's independence was promoted as much as possible and staff were able to deliver personalised care and support that was in accordance with children's requirements and wishes.
- Relatives and staff said the management team were approachable and supportive. A relative said, "We are very pleased with the service [child] has received. They are much more professional than previous companies we have used. The staff are very attentive and there is good professionalism."
- A staff member said, "There is good arrangements between us and the families. It works well and I have all the necessary information I need to help me."

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

- There was not a registered manager in post because this post was vacant at the time of our inspection. The service was being managed by a service manager and the operations manager.
- They understood their responsibilities and told us that the registered manager's position would be recruited to.
- The management team was supported by the provider to deliver the service. The provider was experienced in providing a service to children.
- A staff member said, "The manager is very nice and supportive. Very approachable. They came out with me to meet the families and I was able to shadow them."

Engaging and involving people using the service, the public and staff:

- Relatives and staff felt engaged and involved in the development of the service. A relative said, "There is good communication from the service. They are always helping us and keep us informed of things. They listen to any feedback and take it on board."
- A staff member said, "Things are still new but I am enjoying working for them and hope to develop."
- The management team checked records such as care plans, daily notes, recruitment and training to ensure the service was meeting standards and was of sufficient quality to meet children's needs.
- The operations manager and provider sought people's feedback via surveys, telephone calls and home visits. There was a plan to collate the feedback to drive further improvements in the service over the coming year.
- Meetings were held with staff when required to share important information and discuss any issues.

Continuous learning and improving care:

- The operations manager displayed a commitment to continuous learning and improving care.
- Incidents and accidents were reviewed and action was taken to reduced reoccurrence so that the service was able to continuously learn and improve.
- The provider hoped to expand the service further and recruit more staff as the number of people they supported increased over the coming year.
- Spot checks and observations were carried out to check staff performance on service delivery and approach when supporting children and communicating with relatives.
- Learning and outcomes of the observations were discussed with staff to help with their development.

Working in partnership with others:

- The service was working in partnership with other professionals such as district nurses, child social workers and occupational therapists.
- There was a multi-agency approach to ensure children were supported to achieve positive outcomes and review the care they received.