

Action for Children

# Action for Children Herts Domiciliary Care

## Inspection report

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21 April 2016

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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

We carried out an announced inspection on 5 April 2016 and made telephone calls to people who used the service and staff on 21 April 2016.

Action for Children is a community based service providing home care support to children and young people living in their own homes. At the time of the inspection, there were six people being supported by the service.

The service has a Registered Manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. Staff knew how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff. Staff felt that they were given the opportunity to get to know the people they supported. Relatives we spoke with felt comfortable with the care staff supporting their children.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices. Care plans were adapted around school routines and holidays.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of 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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

### Is the service caring?

Good ●

The service was caring

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

Staff responded to people's changing needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

### **Is the service well-led?**

The service was well-led.

The provider was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly to assess the quality of the service.

People and relatives were encouraged to give feedback on their experiences to further improve the service.

**Good** ●

# Action for Children Herts Domiciliary Care

## **Detailed findings**

### Background to this inspection

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

This inspection took place over two days on the 5 April 2016, when we visited the provider's office. On 21 April 2016 we carried out telephone interviews with staff, and relatives of people who use the service.

The provider was given 48 hours' notice because the location provides a domiciliary care service so we needed to be sure that someone would be in.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager. We also spoke with two care staff and relatives of two young adults. We looked at the care records of five people who used the service and the recruitment and training records for three care staff. We reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

# Is the service safe?

## Our findings

Relatives said that they felt 'comfortable' that the care staff looking after their children would keep them safe. One relative said, "They allow [relative] to be independent but also safe." People also told us that because the staff that came to support them at home also worked at the day centre meant they were familiar with them. "We know them, and rely on them for help", is what one family member said. Photographs of care staff were given to families so they were able to recognise who the member of staff was. The care staff would also meet the whole family including siblings so that all members of the family knew who to expect at each visit. This meant that as well as the person being safe, their family were also protected because they knew who to expect at each visit.

Staff we spoke with told us that they were encouraged to raise concerns. A member of staff said, "I would always raise my concerns...all the time". They said they would speak with team leaders and the manager if they needed to raise concerns. For example, staff said that they met people at the day centre so they knew them well. They said that if incidents occurred whereby they returned from day centre without essential medication, they would know immediately and could act on it.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. We saw that all staff had received training on child protection and were able to share their knowledge of child protection. Staff said that they would 'definitely' raise any concerns they had.

Individual risk assessments had been undertaken in relation to people's identified support needs. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. Staff recorded and reported on any significant incidents or accidents that occurred.

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with young people and children. Records showed that all necessary checks were in place and had been checked by the provider before each staff member began work with the families. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

Relatives of the young people being supported by the service told us that there was enough staff to support them safely. Staff also confirmed this and told us that if they needed to have two people to support a person, then the manager would always arrange this. Relatives told us that staff generally arrived at the allocated time or the manager would inform them if they were running late. They said that they had not had

an occasion when no one had arrived to support their relative but if there was a cancellation by the provider then they would always be informed.

People's relatives said that they were supported by a consistent group of staff which meant that they were able to get to know their relative and the family well. One relative said that there was, "Consistency in care" provided to their relative. This meant that daily routines such as the school run ran smoothly for the whole family.

Staff did not support people with the administration of medicines however, we saw that policies were in place and staff had all received training. Competency checks were also carried out regularly and staff kept up to date with their training through work they did at the providers day centre.

# Is the service effective?

## Our findings

Staff demonstrated their understanding of people's individual choices, backgrounds, ages, likes and dislikes. This information was available in people's care plans but staff also spent time with families to further understand the person they were supporting. A relative we spoke with said, "[staff] know [child] and the family, I don't have to prompt them, they know [child]." While another said that staff would "draw on personal experiences," When supporting people. Staff also confirmed this; they said that if something was not working then they would make suggestions from personal experience to assist the parent with supporting their child.

Staff we spoke with demonstrated that they knew the background of the children they supported as well as how best they needed to support their families. One staff member said, "We are given the chance to get to know them and the family. We build a relationship and become familiar with each other...we sit and have a coffee and just talk sometimes." A relative also confirmed this, they said, "[staff] engage with [relative]". They further added, "[relative] would use some colourful language, to let us know if she wasn't comfortable."

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. One relative said, "[staff] have got the training.... They are ten times better than any other agency we have had." Staff told us that they were supported by the provider to gain further qualifications and training. We saw that because staff also worked at the providers day centre they were able to keep their skills up to date. For example although the homecare packages did not require staff to support people with medicines, staff were able to keep their skills up to date because they carried out these duties at the day centre.

Staff we spoke with told us that they had received supervision and appraisals. Staff said that supervisions were a two way conversation and gave them an opportunity to discuss any issues and concerns. They felt that they were listened to and their opinions were important to the provider. The manager told us, "Staff are upfront and share information; we could not do this without them."

Staff demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people. 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 and are over the age of 16. 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 noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their consent before providing support. People were asked to sign and review their care plans even if they were under 18. The provider told us that as long as the child was at an age that they could read and understand the care plan then it would be discussed with them and agreed with the supervision of their guardian.



Staff always gained consent from people and understood the importance of gaining the consent of people who used the service. Staff said that "I always talk to [person] about what I am doing, they are children so sometimes they don't co-operate, so I will speak to the parents and ask for support." Staff also explained to us how they gained consent from people who were unable to verbally communicate with them. They said "there are other ways to get a response from them; we use symbols like thumbs up, story boards, or high fives."

Staff did not provide people with a meal time service, but did say that if they felt that a person had lost weight then they would raise this with their parent. If there was no known reason then they would make recommendations to the parent to further investigate the reasons for the weight loss and would raise it in team meetings. One relative said "[staff] pop over in their spare time to check on [person] if they have been ill.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. The provider kept records of people's healthcare providers such as district nurses and GP's.

## Is the service caring?

### Our findings

Relatives commented positively about the staff. One relative told us, "[carer] loves [relative] and she loves her." Another relative said, "They are respectful and know her." They also stated that the staff were "lovely." The manager also while talking about staff said, "[staff] are there for young people, they put them first.....they are a great bunch."

Discussions with staff further highlighted the commitment they had to the people they supported. A member of staff said, "I have known the family for years; I look after [person] and have seen them grow up." The manager told us that they felt proud that although they had originally only expected to care for people until they were 18, families had chosen to stay with them because of the positive care and support they had received from the staff.

People's relatives told us that interactions between staff and people who used the service were kind, caring and compassionate. The manager told us that each member of staff was "matched to the family." Relatives also said that staff were respectful not only to the person they supported, but also to the rest of the family. Staff said that they understood that when they came into the home parents would have people's siblings to care for, "We try and make the morning school routine as easy as we can." Staff also said that they would 'adapt' according to the person they supported. For example, one staff member told us that the person they supported liked a certain children's movie and took a great deal of interest in it. They told us that they started to watch the movies to gain an understanding so they could relate better with the person. They laughed and said "I have actually started to like it now."

People were free to make day to day decisions about their care and support. We saw that care plans and assessments changed regularly and the provider kept staff up to date through regular updates. Staff promoted people's choices and independence where it was possible. For example one of their tasks was to get people ready for school in the mornings. Staff told us that they would explain to the person they were supporting about the routine and if they did not wish to get ready then they would speak with the parents. They said 'most children don't like going to school, but I will encourage them to get ready.' Staff respected people's privacy and dignity by allowing them to wash themselves until they called them for support. Staff said "I ask the parents and the person what they would prefer and respect their decisions. For example, if they needed the care staff to remain in the bathroom while they showered then staff told us that they would draw the shower curtains and wait until the person was ready to be assisted. This allowed people to have privacy and dignity and also allowed for them to have some independence.

Relatives confirmed that they were involved in making decisions and we saw that the children were also involved with the care plans where it was possible. Staff told us that they were very open in discussing care with the person they supported. "We are very open and discuss the care with the young person, they participate and give us feedback. They tell us if something is wrong." The care records we looked at showed that people or their guardians were involved and supported in their care, and decisions. Relatives said that their views were listened to and staff supported people in accordance with what had been agreed when planning the care. The manager said "staff make detailed daily notes and are very professional." A relative

also said "[staff] pass information onto each other, so they always know what's going on."

## Is the service responsive?

### Our findings

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. The manager told us that they had originally only expected to provide care to children up to the age of 18 although their registration did allow them to support young adults. They had recently found that a number of the children who were now young adults did not wish to move to another service. This meant that although staff expected to be caring for children they were also now providing support to young adults.

The provider told us that they "love to see the changes" in the people they supported over the years and to see them grow into adults. The manager told us that they would always make an assessment and ensure that they had the "staff to facilitate the package." We saw that appropriate care plans were in place so that people received the care they required and which appropriately met their individual needs. One relative said that they were always involved with their care plans and the manager regularly made contact with them to discuss any changes. They said, "I am told about changes in [relatives] package." While another relative said, "They are accommodating of changes." For example where the children had school holidays or inset days, families said that staff would arrive later to allow the child to sleep in and have a more relaxed morning. One member of staff said "If they don't have school then we might sit and play cards or monopoly." There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives were kept informed of any changes.

We saw that the service provided to each person was personal, bespoke and responsive to the wider family's circumstances. A parent told us, "[staff] understands [relative] but also understands her siblings." Care staff remained constant which allowed for trust and caring relationships to form between the families and the care staff.

A member of staff said, "I really love providing care." Another member of staff spoke to us about the emotional support they provided to people, "We are the biggest outside interaction for some of the children, so are key to their social development." Staff expressed their happiness at assisting the children to develop into young adults.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. The provider had not received any complaints in the past year and people we spoke with also confirmed that they had not had any reason to raise a complaint about the service.

## Is the service well-led?

### Our findings

The service had a registered manager in place. Staff spoke highly of the manager, they said, [manager] is very good to us." Relatives also confirmed that the manager and the staff within the office worked well and supported them when needed. They told us that "[manager] keeps us well informed." They said that there was regular communication with the office and if they had any issues or concerns then they would be addressed quickly.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the manager was "good," and encouraged "good communication between parents and the provider." People felt comfortable about raising concerns and relatives we spoke with said that although they had not had any reason to complain, they felt comfortable in approaching the manager.

Relatives said that they were notified in advance of any changes in staff and felt that there was sufficient handover period for them to get to know the new person and for the family to feel comfortable with them. They said that that they always felt engaged and that their opinion mattered.

The service demonstrated an open and transparent culture throughout. Staff told us that they were "encouraged to be honest with each other." This meant that if a mistake was made then staff would admit to it and work as a team to learn from it. One member of staff said, "We have a strong [team] community," They also said that they all worked together to improve the service. The manager was very proud of the team of staff they had. They said that they "could not do this without them."

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. There was regular interaction between the manager and the people being supported to ensure that their views about the quality of the care were being addressed. Although no formal questionnaires had been sent out to obtain feedback on the service, we saw that the manager had regular email and telephone contact with people to ensure that the service was meeting their expectations.

The manager carried out a number of quality audits to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.