

Headstart Speech & Behaviour Clinic Ltd

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Inspection report

20 Clyde Terrace
London
SE23 3BA

Date of inspection visit:
09 June 2022
15 June 2022
21 September 2022

Date of publication:
29 December 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Headstart Speech & Behaviour Clinic Ltd is a domiciliary care agency providing personal care support children and young people with learning needs aged 2-17 in their homes. At the time of our inspection there were 25 children using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most children take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic children and providers must have regard to it.

Right Care

The registered manager did not fully demonstrate they understood and implemented infection prevention and control practices to ensure reduced risks from infection. Staff had not completed infection control training. The registered manager employed suitably skilled and experienced care workers to provide assessed care and support for children. Staff understood the provider's safeguarding processes. They were trained in how to identify abuse and what actions they would take to protect children from potential harm and to report any concerns they had about children's safety. Staff promoted equality and diversity in their support for children and parents/carers' and understood and respected their cultural needs.

Right Support

Children received care and support that met their individual needs. Children were supported by their parents/carers' with their medicines when this was needed. Children and their parents/carers' were involved in their care and support assessments and were asked for their views of the service, and they gave their opinions and views freely. However, we found that some risk assessments required a little further detail on risk management. Staff supported children to achieve good care, health and wellbeing outcomes and liaised with health care services when this was required.

Right culture

The registered manager reviewed and monitored the service and there were ongoing improvements to the service delivery. The provider had systems in place for children, their parents/carers' and staff to provide feedback about the service and the quality of care. Relationships were built between the service and health, education and social service professionals. This working partnership helped staff to receive appropriate advice about children's care and support needs. Staff were aware of best practice guidance for supporting

children with a learning disability and/or autistic children.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 3 November 2020, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made three recommendations about risk management planning, infection prevention and control processes and quality audits.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Headstart Speech & Behaviour Clinic Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with children using the service and staff.

Inspection team

One inspector, a specialist professional advisor who is a registered nurse and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to children living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We also spoke with parents/carers'. We reviewed a range of records. This included five children's care records. A variety of records relating to the management of the service, including policies and the quality of the service were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with parents/carers' using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 10 June 2022 and ended on 21 September 2022.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider did not have an infection prevention and control (IPC) process in place to manage the risks of infection.
- Staff understood that to reduce the risks of infection they would wear personal protective equipment (PPE). While staff told us they had access to sufficient PPE a member of staff commented, "Since COVID restrictions ended I haven't used any PPE with the exception of a face mask when required which I have supplied myself. When these items are spent or low, I can contact our admin team or purchase directly."
- Staff had not completed training in IPC to help manage and control this risk. The registered manager provided us with a copy of the staff training programme which did not include IPC training. This meant that risks in relation to infection control were not identified and managed well for children.

We recommend the provider consider current guidance on infection prevention and control and take action to update their practice accordingly.

Following the inspection the provider wrote to us and told us they had updated their regarding infection prevention and control staff training, policies and procedures.

Assessing risk, safety monitoring and management

- Children's care needs were fully assessed before using the service but there was some inconsistency in the detail contained within risk assessments and management plans. A member of staff told us, "An electronic copy of the support plan is always available for staff so they can read this whenever they are unsure of something." When children had specific needs related to risks, for example, to road safety or ability to process instructions relating to safety, these were written down with some guidance for staff to follow to minimise these known risks.
- Children had an assessment to identify risks to their health and well-being. However, we found some risk management plans did not contain sufficient information to identify the level of risk or clear guidance to manage the risk.
- Risk assessments contained inconsistent information about the management of known risks to children. For example, one risk assessment stated, 'Bolts to area with high traffic or a main road' and the solution to minimise this risk was a 'high staff to child ratio'. There is no additional information about what a high staff to child ratio would look like in practice. Another risk assessment gave more detail of the specific level of risks. We found that although risk assessments were being completed for all children using the service some risk management plans were not as robust as they could be because they often did not outline the level of risk or specific details to minimise them.

We recommend the provider consider current guidance on effective risk management planning and take action to update their practice accordingly.

Following the inspection the provider wrote to us and told us they had updated their risk assessments for children to ensure these were accurate and provide sufficient information to manage those risks.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and systems in place. Safeguarding processes helped staff to understand what actions they should take to keep children safe from harm.
- Children received care and support in a safe way and met their needs. Comments we received included, "He's 110% happy and safe, he loves his 1-1 support" and "Yes, he's safe and happy."
- The registered manager ensured all staff completed safeguarding training specifically regarding the needs of children. The training provided staff with enough information to help them to identify potential abuse and to report any concerns they had about children's safety.
- There were safeguarding processes to investigate any allegations of abuse. Staff shared any allegation of abuse and the outcome of the investigation with the local authority safeguarding teams and the CQC.

Staffing and recruitment

- Staff were recruited and deployed to meet children's specific needs.
- The provider had a system in place to recruit suitable staff to provide appropriate and safe care and support to children.
- Pre-employment checks took place to ensure staff had the necessary knowledge and skills. The checks included the right to work in the UK and job references and a check from the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There was a policy in place for the administration of medicines. Staff did not support children with taking medicines at the time of this inspection.
- The registered manager had systems in place to review children's need for medicines support. Parents/carers' were responsible for supporting their family member with taking any prescribed or over the counter medicines.

Learning lessons when things go wrong

- There was a system in place that identified learning opportunities for staff when incidents occurred or when things went wrong.
- There was a process for recording all accidents and incidents that occurred at the service. The registered manager had a record of each incident with a response following an investigation into the issues.

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and children's feedback confirmed this.

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

- The service assessed children's needs and choices. For example, where a child needed specific support for their personal care needs this was clearly recorded.
- Care assessments identified children's needs and a plan was put in place for staff to meet them. Care assessments focussed on the child's specific needs in relation to their individual developmental needs, including how their experience living with a learning disability affected this.
- There were appropriate policies in place to ensure care was delivered in line with best practice. Policies took account of the law and contained information on best practice in key areas such as autism and behavioural management.
- The registered manager ensured staff carried out their care and support to children in their preferred location. For example, some children went to nursery or to primary school. Care and support were provided in these locations to reduce disruptions to their education.

Staff support, training, skills and experience

- The registered manager had a system in place to ensure staff were supported and trained to meet children's needs.
- Staff received some training to carry out their roles. The staff training programme included, safeguarding, including working in school settings, induction and the provider's own training programme.
- Staff told us they had routinely completed training to help them to support children effectively. All care workers we spoke with told us they had enough training to help them carry out their roles.
- There were systems of support in place for staff to enable them to carry out their roles. Each member of staff had meetings to discuss their daily work and any concerns they had in their role. Supervision meetings were recorded with any action points. Each member of staff had an annual appraisal that assessed staff performance, development and training needs.

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

- Children were supported to eat and drink enough to meet their nutritional needs. Parents/carers' told us that they had meals provided for them in the school environment or prepared by parents/carers' home.
- Children's care plans were used to detail their specific individual nutritional needs. Staff observed a child's ability to feed themselves and would carry out a more detailed nutritional assessment if needed.
- Children had access to specialised advice from a health care professional. For example, a relative told us, "[Family member] has a nutritionist." This support helped staff to develop an eating plan and to conduct specialised tests to identify any food intolerances and allergies.

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

- Children's care records contained details of medical conditions and contact information for health care professionals and services where known. Staff were able to co-ordinate with a child's parent/carer to ensure care was provided taking to account any health appointments children needed to attend.
- Children had support from health care professionals to help them maintain or to improve their health and well-being. Parents/carers' said, "Currently [child] has speech and behaviour therapy" and "They [staff] interact with the speech and language therapist and the occupational therapist (OT). They liaise and exchange information."
- There was a record of the details of health and social care professionals involved in children's care. Staff would contact them if they needed further advice or support to meet the child's needs.

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 MCA 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.

The Mental Capacity Act is only applicable to people aged 16 years and older. There is other guidance that are applicable for children under 16 years old which would apply to most of the children receiving a service.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When children receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise children to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA where this was applicable.
- Parents/carers' of children who did not have the ability to make decisions for themselves consented to care and support.

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant 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

- Children received support from caring and consistent staff. A parent/carer told us, "They help him to integrate. They do a lot for him" and "The staff are fine, they're very consistent. That really matters."
- The service respected children's equality and diversity. The registered manager discussed with the child and parent/carer about their cultural and religious needs. Where these issues were shared with staff this was recorded and respected while care and support was being provided.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Children were supported to express their views. Parents/carers' told us that they were involved in the care planning process and felt involved because they were able to discuss their views of how the care and support should be provided for their child.
- The provider obtained detailed information about children's lives before receiving care. Staff spoke with children and their parents/carers to understand their specific needs. This included details of their behavioural and developmental needs, what children enjoyed doing and what was important to them.
- The registered manager spoke with children regularly to ensure care and support was provided by staff that cared for children with dignity and respect. Two parents/carers told us "I think [care] is amazing. I wish it were something other parents could experience" and "They ask what we/they can improve and it's written down." Staff understood the importance of maintaining and protecting children's confidentiality. A member of staff said, "I make sure I do not discuss the nature of my service users with anyone other than those who are involved directly with the client."
- Staff supported children to be as independent as they were able to meet their individual goals. Children had clear plans to help them with their individual needs. Plans included support children required in line with their specific behavioural and developmental needs. The plans stated the level of support children required and what they could do for themselves and records of daily support showed that staff respected this and encouraged children to be independent where possible.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure children with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that children should get the support they need in relation to communication.

- The service was meeting the Accessible Information Standard. We saw examples of where communication was provided in alternative formats to meet children's communication needs. Children who used the service had differing communication needs and were provided with any documents that were written for children that considered their specific needs. Children and their parents/carers' had information, including about how to make a complaint written in an alternative format.

Planning personalised care to ensure children have choice and control and to meet their needs and preferences

- Care was planned to meet children's needs. Care plans were detailed about the support children required and care workers recorded how they had done so. Each person had a care plan that provide clear details of their care and support needs. These varied and included personal care support at home, school or nursery, road safety and social activities.
- The service responded to children's changing needs and children had a review of their care and support needs, and changes were updated in the care plan. Reviews of care took place at school and at home. These looked at the progress according to the person's support plan and their individual needs. Parents/carers told us, "We had a one-hour chat on the phone and a review after six weeks. All of her needs are included into her care plan" and "[Staff] attend annual reviews with me and his therapists come along. I always get a copy."
- Care workers told us that care plans were of a suitable standard to help them provide the right support. Comments from staff included "I always have the care plan in advance so I can see what I'm expected to do. It contains everything I need."

Improving care quality in response to complaints or concerns

- People knew how to make complaints if necessary. The provider had a suitable policy for addressing and responding to complaints, but none had been received since the service had registered.
- Parents/carers knew who to contact if there were concerns about the quality of care and support received. Parents/carers' told us, "I would know how but no, I haven't" and "Yes, but I haven't [made a complaint.]"

End of life care and support

- Staff understood children's care needs and support requirements. Staff knew what action to take in an emergency if children's needs had changed or if children needed end of life care and support. Staff told us, "In a school setting, I would inform the staff immediately. I would then call my line manager or company director. I would also follow up with a message and email. In case of a medical emergency, I would contact 999 immediately, and then call my line manager or company director, follow up with an email or message. If in the home setting, I would inform the parents immediately."
- At the time of this inspection no one using the service had end of life care needs.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood their responsibility to show clear leadership of the service.
- There were systems in place to monitor and review the service and to implement improvements of the care provided to children. However, we found the monitoring systems at the service did not identify the areas for improvement we found in relation to infection prevention and control and risk management planning.
- Care staff understood their roles to ensure children received appropriate care and support and to report any concerns they had about children's needs.
- The registered manager understood their legal responsibilities to inform the Care Quality Commission of incidents and events that occurred at the service in a timely way.

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

- The registered manager took action to gather feedback from children, parents/carers about the care and support they received. There were systems in place for people to give their feedback about the quality of the service. Feedback was received through asking parents/carers for their feedback of the service. One relative told us, "I do feedback all the time" and they said communication with office-based staff was good.
- Parents and carers were also able to share their feedback through parents evenings with staff. This helped parents/carers to share their experiences of the service and get support for their child.
- Staff meetings took place with care workers to share information with them about any changes that occurred in the service.
- Staff told us they worked in a supportive environment and felt able to share any concerns they had with colleagues and senior staff. One person said, "I am supported by both my colleagues, senior staff and managers, there will always be someone that can respond to needs and requests."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for children

- Children received a service that was person-centred and that met their individual needs. We received positive comments about the support received. Many parents/carers had sought support from health and social care services. However, they felt the needs of children and parents/carers were better met at Headstart Speech & Behaviour Clinic. Parents/carers told us, "I feel they[staff] are good communicators. I get emails to keep everybody in the loop" and "I feel they're really approachable."
- Care staff who worked at the service told us they were proud to work for the service and to provide care to

children while supporting their parents/carers'. One member of staff said, "I have always felt like there is 'someone in my corner', that I can go to with concerns both personally and professionally. There is an approachable element to different members of the team (including senior staff)."

- Children received a care service that enabled them to be empowered giving them good outcomes to their health and well-being. Staff worked with children and supported them in line with their support plan goals. Staff provided support with the children's educational needs as well as personal care needs and they understood each person's strengths and areas where additional support was needed.
- Children were supported by staff that knew what the support they required at each visit. We noted that each person had an assessment and care plan these were signed by a relative and a copy provided to them.

Continuous learning and improving care

- The registered manager had a commitment to continuous learning and improvement at the service. There were monitoring systems in place to review the quality of management and the effectiveness of the care and support provided to children.
- The registered manager routinely monitored the quality of care provided to ensure this met the provider's standards. However, we found risk management plans and infection control processes needed updating.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with children when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour.
- The registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services so children could have access to consistent care and advice when required.
- The registered manager had developed relationships with other organisations to ensure they had access to up to date advice and support for the children they cared for. An education professional told us, "Headstart have delivered individual and group strategies, staff training, and they have fed back to parents and have provided support for annual reviews. This has meant children are better able to progress, I are better regulated and better equipped to manage any emotional dysregulation."
- Records showed that staff frequently contacted health and social care professionals for advice and support when children's needs had changed.