Headway Suffolk Ltd

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Inspection report

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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

The inspection took place on 15 November 2016 and was announced to make sure there was someone available at the provider's offices. We last inspected this service on 31 October 2013 and found that the provider was meeting the legal requirements in the areas we looked at.

Headway Suffolk Limited is a domiciliary care agency providing personal care and support to people who live in their own homes. There were eight people using the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safe using the service because staff were trained in safeguarding and they knew how to keep people safe from avoidable harm. There was enough staff to safely meet people's needs. People had individualised risk assessments that gave guidance to staff on keeping them safe and their medicines were managed appropriately, where required. The provider had policies and procedures in place for the safe recruitment of new staff.

Staff were knowledgeable about people's care needs and were trained to meet these needs. They sought people's consent before providing care, and they understood the requirements of the Mental Capacity Act 2005. People were supported with the preparation of their food and drinks.

People were able to express their views and be actively involved in making decisions about their care. Staff were caring, friendly and supportive. They were also respectful of people's dignity and privacy. People's needs had been identified prior to them starting to use the service, and were reviewed regularly. People were supported in a personalised way and they all had individualised care plans in place.

Staff were supported in their role and to take part in the development of the service. Regular audits and surveys were carried out to monitor and manage the quality of the service.

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.

Staff were trained in safeguarding people and they knew how to keep people safe from avoidable harm.

There were enough staff to safely meet people's needs.

People had individualised risk assessments in place that gave guidance to staff on keeping them safe.

People's medicines were managed appropriately.

There were robust policies and procedures in place for the safe recruitment of staff.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs and were trained to meet these needs.

The requirements of the Mental Capacity Act 2005 were met.

Where required, people were supported with the preparation of their food and drinks.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and supportive.

People were able to express their views and be actively involved in making decisions about their care.

Staff were respectful of people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People's care needs had been identified before they started using the service.

People were supported in a personalised way and they all had individualised care plans in place.

The provider had effective processes to manage complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who provided effective leadership to the staff.

Staff took part in the development of the service.

The provider carried out regular audits and surveys to monitor the quality of the service.

Headway Suffolk Ltd

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 on 15 November 2016 when we visited the provider's office. We gave the provider 48 hours' notice of our inspection because we needed to be sure there would be someone in the office when we arrived. The inspection was carried out by one inspector and an expert by experience who contacted people by telephone to gather their feedback about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

During the inspection, we spoke with three people and three relatives of people who used the service to gain their feedback about the quality of care provided. We also spoke with five members of the care staff, two co-ordinators, the deputy manager, the chief executive officer (CEO) and the registered manager.

We reviewed the care records and risk assessments of three people who used the service, and we looked at the recruitment and training records of three members of staff. We also reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed.

Good

Is the service safe?

Our findings

People and their relatives told us that people were safe receiving care and support from this provider. One person said, "I do feel safe, the staff give me reassurance and kindly do what I ask of them." A relative told us, "At the start I stayed with the carers and they do everything I wanted. Now I use the time to go out and visit my family and have a cup of tea with them. I wouldn't leave [Relative] if I didn't think [they] were safe." Another relative said, "I feel [Relative] is safe as the staff talk nicely to [them]."

Staffs' views were similar to those of people who used the service and their relatives. One member of staff told us, "[People] are definitely safe using this service. If I didn't feel they were safe I wouldn't work here. I have never seen anything that caused concern to me and the staff are all very nice." Another member of staff said, "The service is very safe, when [issues] are reported they are dealt with and staff are very observant of people's needs. We report issues and follow them through."

The provider had an up to date safeguarding policy that gave guidance to the staff on how to identify and report concerns relating to people's safety. Staff were trained and they demonstrated a good understanding of different types of abuse, the signs that could indicate that people were at risk of possible harm, and the actions they would take in reporting abuse. One member of staff told us, "I did the safeguarding training during my induction." This member of staff gave us examples of the types of abuse that could affect people who used the service and when we asked how they would go about reporting abuse they said, "I will take it directly to [registered manager] to put forward to safeguarding [authority]. If [registered manager] is not here, I will speak to the deputy manager or the CEO. If they are involved or not here I will report it to safeguarding myself." This explanation was followed by an example of an incident of concern that this member of staff had dealt with. The action they took at the time was similar to what they told us they would do and a review of records confirmed this and other occasions where the provider had reported safeguarding related concerns accordingly. This showed us that staff's knowledge around safeguarding was not only theoretical, but they could put into practice when required.

In addition to their safeguarding policy, the provider also had a whistleblowing policy that provided a way in which staff could report concerns without fear of the consequences of doing so. A member of staff told us, "We have a whistle blowing policy to report [issues] appropriately. We report to [CEO], [registered manager] or CQC and safeguarding, and the board of directors if necessary. I would be comfortable to whistle blow, everybody is willing to listen and if you are genuinely concerned you need to because if you just brush it under the carpet it's not going be get resolved." Another member of staff said, "I understand about whistleblowing and keeping people safe from abuse and harm, and yes, I would report if I had concerns. I would report someone I know." These explanations satisfied us that staff were aware of the provider's policy on whistle blowing.

Risks posed to people by the care and support they received had been assessed, and personalised risk management plans put in place to reduce the potential for harm. For example, one person had risk assessments to manage risks associated with their personal care, day to day living and their household duties. The control measures for each of the identified risks were detailed enough, providing staff with

guidance on supporting people to be safe. People or their relatives where necessary, had been involved in developing these risk assessments which were reviewed annually or earlier, if people's needs changed to ensure they were still current. Staff told us they had access to these risk assessments which were in people's homes, as well as the office. One member of staff said, "They [People] all have risk assessments tailored to their needs and are easy to read." We reviewed three people's risk assessments and found them to be up to date with evidence of regular reviews having taken place. Records of accidents and incidents were also kept for monitoring purposes.

Some of the people who used the service had support from staff to take their medicines and others managed this independently or with support from their relatives. A person we spoke with told us, "I self-medicate," meaning they took responsibility for their medicines. A relative told us, "We don't have any problems with the medicines." A member of staff said, "For some people we only prompt them to take their medicines and others we do it fully. For example [Person] needs [theirs] opened and for us to tell [them] the date [they] will take it. Another [person] has [theirs] by [Percutaneous endoscopic gastrostomy] (PEG). PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into a person's stomach through the abdominal wall, to provide a means of feeding when oral intake is not adequate, for example, because of dysphagia or sedation. We measure and administer their medicines appropriately. It is all person-centred. We count everyone's medicines to make sure they are correct and if we find errors we call 111 [emergency services] for advice." There was a system for auditing people's medicines administration records to ensure all medicines had been accounted for and administered correctly. Staff had also received training in safe administration of medicines which was confirmed by the service's training records.

The provider had a recruitment policy in place to support the recruitment of new staff. We reviewed the recruitment records of three members of staff and found that the necessary pre-employment checks had been carried out. These included checking the employee's identity, employment history, qualifications and experience. Disclosure and Barring Service (DBS) checks were also completed. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People and their relatives told us there was enough staff to safely meet people's needs, and that staff arrived for care visits on time and stayed for the agreed duration. One person told us, "The staff arrive on time and do not leave early, if they are delayed they always let us know." A relative said, "Yes the carers arrive on time, and if they are going to be late they would always let me know." The provider generated a report from their care visits monitoring system which confirmed there were no missed visits for the three months prior to our inspection. There were however some late visits, but people we spoke with were not concerned about this as this had little impact on their care and safety. We also found for the same three month period that care visits had been appropriately staffed, and people received care from a regular group of staff which ensured continuity.

Good

Is the service effective?

Our findings

People's relatives told us that the service was effective because staff were well trained and understood people's needs. One relative said, "I feel the staff are well trained and up to date. [Relative] requires [care need removed] and all the staff have been trained by specialist [care need removed] staff." Another relative told us, "Yes the carers are trained, they can get things out of [relative] who is coming out of [their] 'shell'." Staff also told us that the care and support they provided to people was effective. One member of staff said, "We've had a lot of success stories from enabling clients to do more for themselves. There are people we used to do everything for and now we go in and do the bear minimum. All the staff understand that we enable clients and it is nice to see what people have achieved."

Staff were provided with training in a range of subjects relevant to their roles. Staff told us that their training helped them effectively carry out their roles. However, there were subjects that they needed to be refreshed in. A member of staff said, "There is plenty of training and if I am not working I can attend. If I am working and want to go, the agency tries to find cover for me." Another member of staff told us, "We get training in safeguarding, supporting people with brain injuries, fire safety, moving and handling, dementia, medicines and PEG. Some of our training like moving and handling is done face to face [classroom based], but we do a lot of e-learning. We used to have a trainer, but she left this year so training has lapsed a bit. We now have a new trainer and he is looking into the training so that everyone is up to date."

We reviewed staff's training records which confirmed what staff had told us. We saw that some training needed to be updated and raised this with the registered manager after our inspection. They told us that there were plans in place to refresh the required training now that a new trainer had started, and that these refresher trainings had already begun. They also told us that staff were provided with the opportunity to acquire qualifications relevant to the health and social care industry such as National Vocational Qualifications (NVQs) or Diplomas. They said, "All staff have as a minimum a Diploma in level 2 and are encouraged to do the level 3. We also recently held a brain injury related conference/training where Professor Stephen Hawking gave an inspiring talk about motor neurone disease." Photographs and records we reviewed confirmed what the registered manager had told us. Staff told us they had received an induction when they started working for the provider. One member of staff said, "I did some of my training during my induction with [CEO]." Another member of staff told us, "Yes I did have an induction and training." A review of staff's personnel records confirmed that they had an induction at the start of their employment to the service.

Staff were regularly supervised in a formal one to one meeting with the management team. This was a way of supporting them in their roles. A member of staff we spoke with told us, "I have my supervision every three months. It is a good time to go through everything you need to." Another member of staff confirmed what the first member of staff told us about having three monthly supervision meetings. They said, "Yes I have my supervision every three months and appraisal [of performance] yearly." The staff records we reviewed confirmed this.

Some of the people who used the service were able to consent to their care and support. However, some

people's health needs meant that they did not have the mental capacity to make decisions about some aspects of their care. Where required, their relatives and social care professionals were involved in ensuring that any decisions to provide care or support was made in the person's best interest, in line with the requirements of the Mental Capacity Act 2005 (MCA). The 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 reviewed three people's care records and identified one person who possibly lacked capacity to consent to their care, but the provider had not carried out an assessment of capacity. We raised this with the registered manager and the CEO, and they sent us evidence showing that they carried this out the day after our inspection.

Some of the people who used the service were supported by staff to have regular food and drinks. A person we spoke with about staff supporting them with their nutrition told us, "The carer helps me get my breakfast, I choose what I want." A relative said, "The carer only makes a cup of tea and gives [Relative] a biscuit." A member of staff said, "The support we give [around food and drinks] depends on the client's needs. With [Person] we do everything and for others we just check and make sure they have food in the house and have eaten. All of this is in their care plans. [Person] is on a healthy eating plan with the dietician's support. [They] have lost four stones in four months. Staff are trained in food hygiene and diet and nutrition as well." We reviewed people's care records and found that their needs around nutrition and hydration had been included.

Some people were supported by staff to access health care services such as GPs, dentists, or to attend hospital appointments. Others had support from their relatives. A member of staff we spoke with about this told us, "We support clients with appointments to the GP and hospitals [for example]. [Person] had an appointment with the optician the other day, staff updated [registered manager] and all the team because [they] were prescribed eye drops. Some people ask us to come into the appointment and others ask us to stay outside and we respect that." People's care records contained information about their healthcare needs to provide guidance to staff on how to ensure that people had the right support and treatment if they became unwell.

Good

Is the service caring?

Our findings

People and their relatives told us that the service was caring because staff were kind and compassionate. One person said, "Staff are nice, very much so and kind to me." Another person told us, "I have used this service for about a year. The staff are nice and come here to support me twice a day. In the morning I am supported to get up and have breakfast and then in the afternoon I am supported with dinner. I have a longer call on my shopping day." A relative said, "[Relative] gets very good care. The carer comes for two hours, three times a week, I can see a big improvement." Another relative said, "We have used the service for about 4 or 5 years. We have no concerns at all about the care that is given to [Relative]. [Relative] is non-verbal, but the staff include [them] in all their conversations, [relative] responds with facial expression."

Staff demonstrated caring and compassionate attitude when we spoke with them. One of them told us, "I'm proud because I know we provide a good service." Another one said, "I would recommend the service, I have worked for a few companies but this is one of the best. Staff are matched to clients, they just don't take any staff on to fill the numbers, staff have got to be right." We were unable to observe staff working directly with people however, we were satisfied, based on feedback from people, their relatives and staff, that positive relationships had been developed and maintained by all parties.

People were able to express their views and be actively involved in making decisions about their care where they had capacity or wished to do so. We saw an example of this where one person wrote their own care plan giving staff guidance on how to care for them and having a direct say about how they wanted their care delivered. Where people could not express their views, they were supported by their relatives or professionals involved in their care. A review of people's care records showed evidence of their' or their relatives' involvement in their care. Staff also understood the importance of supporting people to maintain their independence as much as possible. Aspects of people's care that could be achieved by people independently was noted in their care plans and staff told us they encouraged this.

People's relatives told us that staff were respectful and protected people's privacy and dignity. One relative told us, "Staff are respectful to [person] and to the family and our personal things." Staff also told us that they protected people's privacy dignity and rights, for example by making sure that personal care was provided in private and people's consent sought before providing care. One member of staff said, "We ask their permission before going into their homes, we knock on doors and some are able to answer. If we use keys from the safes, we announce our arrival when we enter. Some clients need to be helped to wash, if they want to stay in the bath afterwards staff respect that and give them some space. Staff are quite respectful and use appropriate language. They make sure they don't make people feel vulnerable." When we reviewed one person's care records we saw that their care plan included details about how they expected staff to treat their property during care visits and also what was expected of staff if they accidently damaged any items. A member of staff we spoke with was able to demonstrate knowledge of this which satisfied us that they understood how this person wanted to be supported. We also saw that people's care records had been stored securely to maintain confidentiality.

People were provided with information about the service including the complaints procedure. Some of the

people's relatives or social workers acted as their advocates to ensure that they understood the information given to them, and that they received the care they needed. The provider also worked closely with the local authority and other relevant bodies to ensure that people's care needs were being met.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs and they took action to respond to any changes in their care needs. People needs had been assessed before they started using the service. These assessment records covered areas such as people's history, their healthcare needs and medicines, their interests and hobbies, their care needs around mobility, communication, nutrition and personal care. They also identified the level of care people needed and formed the basis from which their care plans were developed.

People who used the service had care plans that were personalised to them, took account of their needs, preference and wishes, and gave clear guidance to staff on how to meet their individual needs. Staff demonstrated clear knowledge of people's care needs as recorded within their care plans, which were located both within the provider's offices, and at people's homes. We saw evidence that people, their relatives and relevant care professionals were involved in planning and reviewing people's care. One person took responsibility for managing their care and wrote their own care plans. We reviewed three people's care records and found them to be current and up to date.

Where necessary, people were supported to follow their interests and hobbies. A person we spoke with about this told us, "I go to the centre on some days and then other days I do my housework and shopping and the staff help me with that." A relative said, "[Relative] and the carer will play a word game together and [Relative] is really coming out of their shell." We found that people's views were also respected around activities they wanted to take part in and in choosing staff they wanted to be supported by. The registered manager told us that people were involved in the recruitment of staff and they made decisions about the staff they liked to receive support from. They also told us that if people wished to change the staff they worked with, this was respected. This was confirmed by a person who told us, "I choose the staff that support me."

The provider had a complaints procedure and the people we spoke with told us they knew who to complaint to if they had any concerns. One person told us, "If I have a complaint I will tell [registered manager]." A relative told us, "There has been no reason to complain about the care given. If there was a complaint I would speak to the office or CEO who I find very respectful." Another relative said, "There is no need for complaints, but if there were I would speak to [registered manager]." A member of staff said, "The person I work with is able to make complaints for themselves. They can express their views. They may ask for advice and what do I think." We reviewed the records of complaints that had been made and found that they had been resolved to the complainants' satisfaction.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. They were supported by a deputy manager and the CEO in providing leadership to the staff. People who used the service and their relatives were complimentary in their comments about the registered manager and the management team. A person we spoke with told us the name of the manager and said, "The manager is very nice and speaks nicely to me." A relative told us, "I don't have any problems with the manager, [they] are very helpful."

Staff were also complimentary about the registered manager and the service. A member of staff said, "The service is definitely well managed. [Registered manager] is very firm, but fair, he leads well and listens to staff. He always has time for us and is supportive. He is open to feedback and change, there is an inclusive and open culture. [CEO] is also very good and very supportive." Another member of staff told us, "[Registered manager] is very nice. This is a good service, I wouldn't change a thing." Staff took part in the development of the service by attending team meetings where they could collectively discuss issues that affected the service and ways in which the service could be improved. There was no set frequency of when team meetings were to be held. A member of staff told us, "We had a meeting not that long ago, quite a few staff attended so it was nice to see everybody."

The provider had a quality assurance system in place and quality audits were carried out on a regular basis. These quality audits focussed on areas such as timeliness of care visits, people's care records and risk assessments, and people's medicines. Random 'spot checks' of staff working in people's home were also carried by the senior staff. The provider also carried out annual satisfaction surveys to gain feedback from people and their relatives about the quality of the service. The registered manager told us that feedback from these surveys was used to improve the quality of the service. We found that the survey for 2016 was in progress at the time of our inspection and the responses received so far were mainly positive.

The provider kept a record of compliments that were made about the service, staff and the care that they provided to people. We reviewed records of compliments and found one that read, "Please pass our huge thanks to [Staff] and [Staff] for staying late yesterday at very short notice. It would have been very difficult had they not been able to do the extra time as [Person] was late being released from the hospital. They [did] this without any fuss. Brilliant." Another one read, "To the best boss anyone could ever wish to have. You have been great, thank you so much for everything. [Staff]." This showed that people, relatives and staff were happy with how the service was managed, and that staff went over and beyond the expectations of their roles to ensure that people were well cared for and safe.