

Headway Shropshire

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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

This inspection took place on 22 September 2016 and was announced.

Headway Shropshire is registered to provide personal care to people living in their own homes who have an acquired brain injury. At this inspection Headway Shropshire was providing personal care to 43 people.

Two registered managers were in post and both were present during our inspection. 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.

People felt safe when staff supported them in their own homes. Staff had received training in and understood how to protect people from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety. People were supported to take their medicines safely and when they needed them.

People were happy they were supported by sufficient numbers of staff to safely meet their needs. Staff worked in teams and supported the same people to make sure they received a consistency to their care. Checks were completed on potential new staff to make sure they were suitable to care for people in their own homes.

Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training and staff were also supported in their roles by managers and their colleagues. Staff understood the importance of the training they received and how it benefited the people they cared for.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were upheld and supported by staff. Staff made sure people were involved in their own care and made sure they understood information that was given to them.

People had developed positive relationships with staff and were happy with the care and support they received from them. People were supported by staff who knew them well and had good relationships with them. People were treated with dignity and respect and staff understood how important this was in the way they cared for people.

People were involved in the planning of their care and were encouraged to express their views, preferences and wishes in regard to their care, support and goals. Improving people's independence was a key part of

the service and staff worked with other healthcare professionals to make sure this was achieved.

People were happy with the care and support they received and gave positive comments about the staff who supported them.

People were able to give their opinions of the service and the care they received at through feedback sheets and talking with staff. People felt involved in what happened within the service and felt staff listened to them. Complaints were dealt with and responded to in line with the provider's policy.

The service had a positive culture where staff worked for the benefit of the people they supported. Staff were happy in their work and were clear about their roles and responsibilities. Systems were in place which assessed and monitored the quality of care and support staff provided at the home. The registered managers and provider all contributed to the running of the service and responded to feedback to make improvements where needed.

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 had received training in and understood how to protect people from harm and abuse. Any risks to people's safety were identified and measures were in place to help reduce these risks including having enough staff to meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to support them effectively. People's permission was sought by staff prior to any care and support being given and their right to make their own decisions was respected and encouraged.

Is the service caring?

Good ●

The service was caring.

People were cared for by the same staff teams and had been able to develop positive relationships with the staff who supported them. Staff were mindful of and respected people's privacy and dignity. People's right to express their views and have choice in the way their care was delivered was encouraged.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to them. Staff responded when people's needs changed to make sure they received the care they needed. People and their families were encouraged to give their opinions on the quality of care they received.

Is the service well-led?

Good ●

The service was well-led.

People felt listened to and were involved in what happened at the service. Staff worked for the benefit of the people they cared for. Systems were in place that monitored the quality of the service provided and action was taken when improvements were identified.

Headway Shropshire

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 22 September 2016 and was announced.

The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection team consisted of one inspector and one expert by experience. 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, 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.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection of the service.

During the inspection we spoke with 10 people who used the service. We had also received feedback from people, relatives and staff from questionnaires we had sent to them. We spoke with nine staff which included the registered managers, co-ordinators and support workers. We viewed four records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed records which related to staff training and recruitment and the management of the service.

Is the service safe?

Our findings

People told us they felt safe and secure when staff cared for them in their own homes. They said staff were aware of their safety at all times and they were comfortable with staff being in their homes. One person said, "They check everything is alright and I feel safe." Staff had received training and understood their roles in protecting people from any harm or abuse. They were aware how people could be abused or discriminated against and were clear on the action they needed to take if they suspected this. One staff member said, "Our training helps to keep them safe because we understand what to do. Staff could abuse people by not giving them the care they need." The registered managers were aware of their responsibilities and had reported and taken advice about safeguarding concerns from the local authority.

People felt the risks associated with their care were managed well by staff. As part of some people's care they were supported to access the local community following their acquired brain injury. One person said, "I feel that they're always watching over me. When I'm crossing the car park, they're very wary for dangers. It gives me a feeling of being safe – like having two pairs of eyes. I can make decisions about where I want to go, but this is backed up by having somebody else's eye sight." Staff had the information they needed to support people safely. Risks to people were identified, assessed and monitored by staff. Risk assessments were completed which gave staff information about how to minimise the identified risks.

The provider had a system in place to record and monitor incidents and accidents. These were reported by staff and reviewed by the registered managers who monitored them for trends. If trends were identified then plans were put in place to help prevent recurrence. We saw one person had increased problems with their mobility caused by using their walking stick. The registered manager was able to identify the environment was a contributory factor and this was changed. This person's mobility improved as did their safety within their home.

People were supported by enough staff who were available when they needed them. They told us they received a rota in advance of which staff members would be supporting them. People told us they had a team of regular staff who visited at the agreed times. Staffing levels were determined by the number and dependency level of people who used the service. One staff member told us they were recruited to work specifically with one person. Some people told us that because they experienced memory loss they could not always remember staff names. However, staff faces were always recognisable. We saw people's care plans also contained photographs of their regular support workers. One person told us that if a new staff member was to support them they were always accompanied by a known support worker. They told us this helped to build a sense of safety and continuity for them.

People were supported by staff who had received appropriate checks prior to starting work with them. We spoke with two staff who had started work within the last 12 months. They told us that prior to starting work the provider had requested references for them and completed identity checks. They told us they had not been allowed to start work until criminal checks on their background had been completed by the provider to ensure they were suitable to work with people who used the service. These checks are called disclosure and barring service checks.

People were supported by staff to take their medicines when they needed them. People we spoke with required varying levels of support with their medicines but all agreed that staff supported them safely. One person told us how a staff member would prepare their medicines each day, taking them out of their safe and ensuring the correct dose was taken at the correct time. Another person was happy with the combination of independence and support they received from staff. They said, "I take the medicine and they [staff] check with me." Staff told us they were not allowed to support people with medicines until they had received training. This training was kept updated and staff were also observed by their line managers when they supported people with their medicines as part of a spot check. These spot checks helped to ensure staff were competent with this role.

Is the service effective?

Our findings

People were cared for by staff who had received the training they needed to support them effectively. They told us they felt staff had the skills and knowledge to support their individual needs and did so well. One person told us about the staff team that supported them. They felt the staff were well matched with them. They said, "Two are excellent and the rest are very good." Another person said, "It's always been good but it's getting even better now with the staff that come in."

Staff understood the importance of the training they received and how it gave them the skills to support people effectively. One staff member said, "There is no one brain injury, it's all personal to that person." Another staff member told us, "We need to see things from their [people's] perspective and how to support people with acquired brain injury. We could hurt the person or us or do more damage to them if we're not properly trained." We spoke with two staff about the training and support they received from the provider when they first started work at Headway Shropshire. They both told us they shadowed more experienced staff and met the person they would be supporting. They told us that their training was tailored to the person they supported and their care needs. All staff we spoke with felt they had the skills, knowledge and support to carry out their roles. Staff received one to one time with their line manager which staff told us they valued. One staff member told us this one to one time was important to them because "you can talk about any concerns, worries; either work or family or if something is not working for someone."

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. People told us that staff asked for their consent before delivering care or treatment and their choices and wishes were respected. One person told us that staff ensured they offered choice in every aspect of their care. They said, "They [staff] don't need to offer me a choice between three different t-shirts after I've had a shower, but they really want me to be active in making choices and so they ask and listen." Staff understood how to support people to make their own decisions to ensure their rights were upheld. Staff had received MCA training and they were aware that people had to give their consent to care and had the right to make their own decisions. One staff member said, "We always ask before we do anything." Another said, "We can't say, 'no you can't do that'. If we felt something was inappropriate we will explain why but where they [people] have capacity, it's their decision."

People we spoke with required different levels of support with helping them to maintain a balanced diet and have enough to eat and drink. One person told us they had only been out of hospital for a short time and that staff had been helpful in supporting them to make meals. They said, "Sometime [staff] do it for me, sometimes with me, but always asking and giving me the choice knowing that as time goes on I will be able to do more for myself." Other people told us staff supported them with shopping lists, meal planning and food shopping. All were happy with the support they received in helping them to have a balanced diet. Where risk was identified, for example for a person with diabetes staff worked with other healthcare professional to ensure the risks were managed.

People were supported to access healthcare services as they needed them such as their doctors, district nurse teams, occupational therapy and dieticians. Staff told us they would arrange appointments for people if this was what they wanted. Office staff would then alert support staff when these appointments were due and staff would accompany them if required. One staff member told us they had recently supported a person to access chiropody services. They told us with the person's permission they had made the appointment for them.

Is the service caring?

Our findings

People were cared for by staff they were familiar with and had opportunity to build relationships with. People told us staff made them feel, "worth something", "good about myself" and "comfortable". People spoke about the positive, caring relationships staff had towards them. One person said, "It's a pleasure to know they [staff] are going to arrive. They're always ready to do what's necessary and it's always my choice." Another person spoke about the supportive relationships they had with the staff that supported them. They said, "I lead the care."

People we spoke with said they were involved in making decisions about their care and support needs. They told us that staff worked with them to create their support plans. Three people spoke about the detail of care planning that was put into place as they approached the end of their hospital stays. They told us they were involved in identifying and agreeing the level of care they would need when they arrived home. They all told us their support plans were in place when they were discharged from hospital. One person spoke positively about how they had been involved in choices about the level of care they needed as they recovered from their acquired brain injury. As the person recovered the level of support from staff was reduced from having a staff member stay overnight to them leaving at 7pm. This person said, "I feel like the service is led by me." Staff told us they always involved people on their care calls by telling them what was happening and what they proposed to do. One staff member said, "It's always their choice. We ask people if it's ok if we do this or do that."

People felt listened to and their views respected. As part of creating their support plans people were supported to identify their goals, both short and long term. This could be to manage their personal care, pay bills or do their food shopping independently. Some people were working towards returning to work or being able to take their dog for a walk. One staff member said, "Little steps to achieve their goals." Staff told us in addition to the information contained in people's care plans they had time to build positive relationships with people which enabled them to increase their understanding of their needs and wishes. One staff member said, "We speak with them to find out their wishes and goals, it's their views. We listen to their voice and what they want."

People felt their privacy and dignity was respected by staff. One person said, "Personal care is given well and I'm never made to feel embarrassed. I'm always given choices." Another person spoke with us about their individual recovery and that staff had shown respect to them at all times. They finished by saying, "Being able to be open and not embarrassed is making me feel like I'm worth something. I can be honest and they don't look down on me."

Staff told us they always respected people's dignity by giving them as much privacy as they could when supporting them with personal care. They also told us they respected people's personal space or if they wanted to be alone. Staff also spoke respectfully about the people they supported and understood how important it was that people felt respected at all times.

People were supported and encouraged to improve their skills to build their independence. One person

said, "They [staff] help me decide what I want and then help me do it." Another person told us how their family member's support had been tapered away as their independence had increased. They said, "In a specialised field they [staff] are also such nice people, both lively and nurturing." One of the registered managers told us the aim of the service was to, "Get people as independent as possible and keep them safe." Staff told us they worked with other healthcare professionals to ensure people had the support they needed to regain their independence. One staff member said, "Our role is to rehabilitate them [people] in their own homes to regain their independence and bring a bit of happiness." Another staff member said, "We support but don't take over. It's about knowing where to help but where to hang back. We don't just go in and take over."

Is the service responsive?

Our findings

People felt the service met their individual needs and was responsive when their needs changed. They told us that staff supported them and provided their care the way they wanted it and that staff respected their wishes and preferences. One person said, "They are always ready to do what's necessary. It's support as and when I need it according to my choice. Even down to opening a letter or doing some paperwork it's a balance of responsibilities. I share in the tasks and that's the way they want it to be, not them taking over." Staff told us they regularly reviewed people's care needs with them. If they thought a person's care plan needed reviewing and updating they told us they contacted the office staff who arranged this.

One person explained how quickly the service had responded to their individual needs when they first started using the service. They had felt uncomfortable with some staff who supported them because they were the same ages and gender as their own children. They told us they were very pleased with how quickly the service had acted to make sure they felt comfortable with the staff that supported them. Two other people told us their wishes with regards to the gender of staff that supported them was always listened to and respected. One staff member said, "We're all different and we all get on with different people. People's views are always taken into account with preferences on staff gender and personalities."

People felt they mattered and that staff were aware of how their disability could affect them. One person told us that when they were supported to go food shopping the staff member tucked their identity badge away. They said, "This is so the public don't see [staff name] is my worker. This means I don't stand out, I feel the same as everyone else. If the badge were visible, it would be embarrassing, but, apart from knowing that people can see my injury, it doesn't make me feel as if I'm disabled at all."

We saw staff responded to changes in people's care needs and worked with other healthcare professional to ensure their needs were met. One of the registered managers told us that staff had expressed increased concern about a person living with epilepsy. This was because the person was injuring themselves during seizures. They had contacted the person's social worker to discuss any assisted technology that could be used to reduce the risk of them injuring themselves. This person now wore a sensor which monitors their seizures. As a result of this technology and the information it provided this person's care was reviewed. This led to a change in their medicines and their seizures reduced and eventually stopped. One of the registered managers said, "It has kept [person's name] independent and able to stay in their own home. The alternative was to find them a residential home because they were injuring themselves due to the seizures."

People were given opportunities to express their opinions on the care and support they received. Even though some people were not able to recall the process to do this everyone was confident to speak with the support staff that came to their homes. People told us concerns were quickly resolved when they first started using the service and they were happy with the care and support they now received. One person spoke about "teething troubles" at the start of their care and that these were quickly "ironed out".

One of the registered managers told us people completed 'feedback sheets' three times a year where they were able to give their feedback, concerns and compliments about the quality of care. The provider also had

a system in place to record, investigate and respond to complaints. The registered manager told us that the most common themes of feedback they received was people not getting on with staff who supported them due to different personalities. They told us that people's preferences in which staff supported them were always respected and different staff would be sent until people were comfortable with their staff team. Complaints that had been made were either still being investigated or had been responded to in line with the provider's own policy. The registered managers worked with the local authority where necessary in investigating and reporting on complaints.

Is the service well-led?

Our findings

People felt their views were listened to and felt they led their own individual service with regards the care they received. One person said, "My service is led by me." Another person told us, "In my opinion, Headway Shropshire is an excellent care agency." People were kept up to date on what was happening within the service by quarterly newsletters which were sent to them. The newsletters gave information on upcoming events which people could take part in. It also gave them information about the service as a whole. People had opportunities to attend the provider's day centre where they would meet with staff and be involved in what happened at the service through the events run there. One of the registered managers told us the service was run for the people who used it. They said, "We're client focused. If we're not client focused then we shouldn't be here."

The service had two registered managers in post. One of the registered managers was also Chief Executive of Headway Shropshire and had been registered since 2010. They were providing support, prior to their retirement, to the other registered manager who had been registered in December 2015. Both registered managers understood their regulatory responsibilities but we found they had not notified us of one incident where there had been concerns for a person's safety and welfare. One of the registered managers confirmed that although they had made the appropriate referral to the local authority they had failed to notify us. The registered manager acknowledged they had not done this and that it had been an oversight and provided further information to us.

Staff had a clear understanding of the culture of the service. One staff member said, "It's all about their [peoples] wishes. I look at them as if they are one of my family and how they would want it. It's their home." Staff understood their own role and responsibilities. They were positive and enjoyed their work. They shared the registered provider's values in providing good quality care to people.

One of the registered managers told us the ethos of the service was to, "improve the well-being of their clients and promote choices and involvement in their care planning." Staff told us there were regular meetings which helped to keep them up to date on what was happening with the service. They also got sent regular information and were kept up to date with any changes in people's needs. They felt supported by their colleagues and managers and felt able to speak with the registered managers about any concerns or issues they may have. One staff member said, "You can talk to them about anything". Staff told us they had received a staff handbook which gave information on how to report any safeguarding concerns or whistleblow and report poor practice. They felt confident to whistleblow and that their concerns would be listened to and acted on by the registered managers.

The provider had systems in place for monitoring the quality of service staff provided. The registered managers told us they received feedback from people through questionnaires and talking with them and from spot checks which were completed on staff. This assured them of staff competence and ability in carrying out their roles. Staff also discussed key areas of their roles during one to one support meetings. One of the registered managers told us they had recently been working with staff at meetings to help them understand how their practice linked into our key questions. One of the registered managers told us they

provided information to the provider and attended board meetings on a monthly basis. Through these reports and meetings the provider was kept up to date with activity within the service such as complaints, feedback, accidents and incidents and staffing requirements. One of the registered managers told us the board of directors were actively involved in the service, how it was run and in driving improvements. The service held three social events a year which the board members attended and were able to meet people, their families and staff.

Following feedback from staff the registered managers had identified that people's care records needed to improve. This was evident in some care records we looked at during our visit. One person's risk assessments were not signed by the staff member who had completed them and we found one person's risk assessment had identified their epilepsy risk was medium but their support plan showed this risk as high. The provider had recently appointed a staff member into a new role of 'support plan and review officer'. One of the registered managers told us the purpose of this new staff role was to "make support plans more person focused and give clearer information to the support staff." The support plan and review officer told us they had been fully supported by the registered managers in developing this role and had just started to meet with people in order to review and update their care records.

One of the registered managers told us that they had also recently made improvements to staff training. This had become more structured and more bespoke to the people staff teams supported. The registered managers also responded to feedback we gave them during our visit in respect of recording when audits had been completed on care records. This helped to show that the registered managers listened and were able to recognise where improvement was needed and take the required action to drive these improvements.